



**COVID-19 Related Policy Updates Applicable to Durable Medical Equipment (DME) Providers**

To support our providers in these exceptional circumstances, CareCentrix is working with our health plan clients to facilitate policy updates during the COVID-19 pandemic. **The below policy changes apply to durable medical equipment (DME) providers through 5/31/2020 and are subject to extension as the COVID-19 pandemic evolves.** As we hear back from the health plans, we will continue to update our providers on our policy changes. **New information is highlighted below in red.**

**NOTE: Providers servicing Blue Card members, please follow the home plan’s eligibility, benefits and utilization management guidelines.**

**Retro-authorizations and Registrations**

- Services can be rendered prior to the submission of a request for authorization or registration.
- A retro-authorization request or registration can be submitted up to 90 days post service for dates of service through May 31, 2020.
- A request for authorization or registration must be submitted prior to the submission of the claim.

Florida Blue	Horizon	CIGNA			
		Core Business	NALC*	Shared Administration/Alliance*	PSG*
Allowed for all Diagnoses	Allowed for all Diagnoses	Allowed for All Diagnoses	Not Allowed	Not Allowed	Not Allowed

**Respiratory Equipment and Supplies for Patients with a Diagnosis of COVID-19**

Prior authorization is not required for patients requiring respiratory-related equipment and supplies to treat or manage COVID-19. Providers must continue to register the equipment or supplies in the CareCentrix HomeBridge® portal initially or retrospectively up to 90 days post service for dates of service through May 31, 2020. Requests must include a physician’s order for the requested equipment or supply and a diagnosis of, or related to, COVID-19. Claims will be processed according to the patient’s benefits. The respiratory equipment covered by this policy change includes home oxygen, nebulizers, respiratory assist devices, ventilators, suction machines, pulse oximeters, and cough assist systems.

Florida Blue	Horizon	CIGNA			
		Core Business	NALC*	Shared Administration / Alliance*	PSG*
Allowed	Allowed - In addition, no authorization is required for a 30-day supply of oxygen for any patient (any diagnosis) discharged from the ER.	Allowed	Allowed	Not Allowed	Not Allowed

When submitting your requests and a patient does not have a definitive diagnosis of COVID-19 (U07.1), please use one of the diagnosis codes at the link below from the ICD-10-CM Official Coding and Reporting Guidelines from the CDC when submitting your claims. The diagnosis codes at the link below represent the ICD-10-CM Official Coding and Reporting Guidelines from the CDC valid April 1, 2020 through September 30, 2020 <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>.

\*National Association of Letter Carriers (NALC), Alliance Patients, and Payer Solutions Group (PSG) patients can be identified when checking patient benefits on the Cigna website under ‘Coverage Status’.  
EDRC 1338. 042020

**Replacement DME for Patients Displaced Due to the Pandemic**

For replacement DME that is required due to the patient’s displacement caused by the pandemic, please submit the request via the CareCentrix HomeBridge® portal and include a valid prescription and documentation of the patient’s circumstance.

Florida Blue	Horizon	CIGNA			
		Core Business	NALC*	Shared Administration/ Alliance*	PSG*
Allowed	Allowed	Allowed	Not Allowed	Not Allowed	Not Allowed

**DME and Early Resupply for All Patients**

If a patient needs supplies and their authorization/registration has expired or they need an early shipment (due to concerns over dispensing delays), providers may distribute up to a 90-day supply or as otherwise specified below. Additionally, providers can deliver resupply orders up to 30 days in advance of the patient’s resupply due date. Please see the attached list of applicable DME resupply code

For patients currently receiving enteral formula, providers may distribute a 90-day supply if needed by the patient or as otherwise specified below.

Florida Blue	Horizon	CIGNA			
		Core Business	NALC*	Shared Administration/ Alliance*	PSG*
Allowed	Allowed	Allowed up to 180 day supply for DME including enteral formula	Not Allowed	Not Allowed	Not Allowed

**Custom Wheelchair Assessments for all Patients**

- Providers may replace the face-to-face requirement with either a physician prescription or physician tele-evaluation.
- Providers may conduct a video evaluation by a Licensed Certified Medical Practitioner.
- Providers may perform the home assessment via video or verbal interview.

Florida Blue	Horizon	CIGNA			
		Core business	NALC*	Shared Administration/ Alliance*	PSG *
Allowed	Allowed	Allowed	Not Allowed	Not Allowed	Not Allowed

**Initiation of Patients on Positive Airway Pressure Therapy**

For the safety of both patients and providers, patients that have been prescribed positive airway pressure (PAP) therapy for the treatment of Obstructive Sleep Apnea (OSA) may be instructed on the proper use, operation, and maintenance of the equipment via telephone or video messaging. The reimbursement of the initial instruction which is typically provided in person for sleep management patients is included in the price of the equipment and there is no additional reimbursement for this instruction.

Always	Fallon	PEIA	CIGNA	Florida Blue
Allowed				

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EDRC 1338. 042020

**Documentation and Face-to-Face Physician Evaluations**

Supporting documentation issued by physician surrogates such as a nurses, case managers, etc. will be accepted. For reauthorizations when a test or a physician face-to-face is required, existing orders and results currently available will be accepted if we are unable to obtain the order or results from the physician or surrogate.

Florida Blue	Horizon	CIGNA		
		Core Business	NALC*	Shared Administration/Alliance* PSG *
Allowed	Allowed	Allowed	Not Allowed	

**Patient Signature on Delivery**

To minimize person-to-person contact on delivery of Durable Medical Equipment (DME), a patient signature will not be required during the COVID-19 pandemic.

If a patient signature is not obtained, providers must retain the following documentation:

- Proof of delivery;
- Reason signature is missing; and
- Confirmation that the patient received their medication.

If there are any issues with providing timely care to patients, please notify CareCentrix immediately.

If you require additional assistance, please contact CareCentrix at (800) 808-1902.

**Thank you in advance for your cooperation and continued partnership. If you have any questions, please reach out to your assigned Network Management representative for assistance.**

\*National Association of Letter Carriers (NALC), Alliance Patients, and Payer Solutions Group (PSG) patients can be identified when checking patient benefits on the Cigna website under 'Coverage Status'.  
EDRC 1338. 042020

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen
A6011	Collagen based wound filler, gel/paste, per gram of collagen
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	Collagen dressing, sterile, size more than 48 sq. in., each
A6024	Collagen dressing wound filler, sterile, per 6 inches
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6215	Foam dressing, wound filler, sterile, per gram
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6260	Wound cleansers, any type, any size
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified
A6262	Wound filler, dry form, per gram, not otherwise specified
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard
A6410	Eye pad, sterile, each
A6411	Eye pad, non-sterile, each
A6412	Eye patch, occlusive, each
A6413	Adhesive bandage, first-aid type, any size, each
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	Tubular dressing with or without elastic, any width, per linear yard
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A4310	Insertion tray without drainage bag and without catheter (accessories only)
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4321	Therapeutic agent for urinary catheter irrigation
A4326	Male external catheter with integral collection chamber, any type, each
A4327	Female external urinary collection device; meatal cup, each
A4328	Female external urinary collection device; pouch, each
A4330	Perianal fecal collection pouch with adhesive, each
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4333	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	Urinary catheter anchoring device, leg strap, each
A4335	Incontinence supply; miscellaneous
A4336	Incontinence supply, urethral insert, any type, each
A4337	Incontinence supply, rectal insert, any type, each
A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each
A4344	Indwelling catheter, foley type, two-way, all silicone, each
A4346	Indwelling catheter; foley type, three way for continuous irrigation, each
A4349	Male external catheter, with or without adhesive, disposable, each

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4353	Intermittent urinary catheter, with insertion supplies
A4354	Insertion tray with drainage bag but without catheter
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A4553	Non-disposable underpads, all sizes
A4554	Disposable underpads, all sizes
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each
A4608	Transtracheal oxygen catheter, each
A4628	Oropharyngeal suction catheter, each
A5082	Continent device; catheter for continent stoma
A5105	Urinary suspensory with leg bag, with or without tube, each
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each
E0350	Control unit for electronic bowel irrigation/evacuation system
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system
A4361	Ostomy faceplate, each
A4362	Skin barrier; solid, 4 x 4 or equivalent; each
A4363	Ostomy clamp, any type, replacement only, each
A4366	Ostomy vent, any type, each
A4367	Ostomy belt, each
A4368	Ostomy filter, any type, each
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz
A4371	Ostomy skin barrier, powder, per oz
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each



## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	Ostomy faceplate equivalent, silicone ring, each
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396	Ostomy belt with peristomal hernia support
A4397	Irrigation supply; sleeve, each
A4398	Ostomy irrigation supply; bag, each
A4399	Ostomy irrigation supply; cone/catheter, with or without brush
A4400	Ostomy irrigation set
A4402	Lubricant, per ounce
A4404	Ostomy ring, each
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	Ostomy skin barrier, pectin-based, paste, per ounce
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each
A4421	Ostomy supply; miscellaneous
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each
A5053	Ostomy pouch, closed; for use on faceplate, each

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each
A5055	Stoma cap
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each
A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each
A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each
A5081	Stoma plug or seal, any type
A5083	Continent device, stoma absorptive cover for continent stoma
A5093	Ostomy accessory; convex insert
A5120	Skin barrier, wipes or swabs, each
A5121	Skin barrier; solid, 6 x 6 or equivalent, each
A5122	Skin barrier; solid, 8 x 8 or equivalent, each
A5126	Adhesive or non-adhesive; disk or foam pad
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A4209	Syringe with needle, sterile 5 cc or greater, each
A4210	Needle-free injection device, each
A4211	Supplies for self-administered injections
A4212	Non-coring needle or stylet with or without catheter
A4213	Syringe, sterile, 20 cc or greater, each
A4215	Needle, sterile, any size, each
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml
A4217	Sterile water/saline, 500 ml
A4218	Sterile saline or water, metered dose dispenser, 10 ml
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine or phisohex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A4248	Chlorhexidine containing antiseptic, 1 ml
A4265	Paraffin, per pound
A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)
A4320	Irrigation tray with bulb or piston syringe, any purpose
A4322	Irrigation syringe, bulb or piston, each
A4332	Lubricant, individual sterile packet, each
A4364	Adhesive, liquid or equal, any type, per oz
A4450	Tape, non-waterproof, per 18 square inches
A4452	Tape, waterproof, per 18 square inches
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4456	Adhesive remover, wipes, any type, each
A4458	Enema bag with tubing, reusable
A4461	Surgical dressing holder, non-reusable, each
A4463	Surgical dressing holder, reusable, each
A4467	Belt, strap, sleeve, garment, or covering, any type
A4470	Gravlee jet washer
A4480	Vabra aspirator
A4490	Surgical stockings above knee length, each
A4495	Surgical stockings thigh length, each
A4500	Surgical stockings below knee length, each
A4510	Surgical stockings full length, each
A4559	Coupling gel or paste, for use with ultrasound device, per oz
A4570	Splint
A4615	Cannula, nasal
A4617	Mouth piece
A4649	Surgical supply; miscellaneous
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4927	Gloves, non-sterile, per 100
A4928	Surgical mask, per 20
A4930	Gloves, sterile, per pair

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A4931	Oral thermometer, reusable, any type, each
A4932	Rectal thermometer, reusable, any type, each
A5113	Leg strap; latex, replacement only, per set
A5114	Leg strap; foam or fabric, replacement only, per set
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each
A6154	Wound pouch, each
A6206	Contact layer, sterile, 16 sq. in. or less, each dressing
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6208	Contact layer, sterile, more than 48 sq. in., each dressing
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	Transparent film, sterile, more than 48 sq. in., each dressing
A7040	One way chest drain valve
A7041	Water seal drainage container and tubing for use with implanted chest tube
A9155	Artificial saliva, 30 ml
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type
E0710	Restraints, any type (body, chest, wrist or ankle)
A4481	Tracheostoma filter, any type, any size, each
A4605	Tracheal suction catheter, closed system, each
A4623	Tracheostomy, inner cannula
A4624	Tracheal suction catheter, any type other than closed system, each
A4625	Tracheostomy care kit for new tracheostomy
A4626	Tracheostomy cleaning brush, each
A4629	Tracheostomy care kit for established tracheostomy
A7501	Tracheostoma valve, including diaphragm, each
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
A7523	Tracheostomy shower protector, each
A7524	Tracheostoma stent/stud/button, each
A7525	Tracheostomy mask, each
A7526	Tracheostomy tube collar/holder, each
A7527	Tracheostomy/laryngectomy tube plug/stop, each
L8501	Tracheostomy speaking valve
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
L8514	Tracheoesophageal puncture dilator, replacement only, each
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each
S8189	Tracheostomy supply, not otherwise classified
A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement
A4283	Cap for breast pump bottle, replacement
A4284	Breast shield and splash protector for use with breast pump, replacement
A4285	Polycarbonate bottle for use with breast pump, replacement
A4286	Locking ring for breast pump, replacement
K1005	Disposable collection and storage bag for breast milk, any size, any type, each
S8265	Haberman feeder for cleft lip/palate
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply
K0553	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A4206	Syringe with needle, sterile, 1 cc or less, each
A4207	Syringe with needle, sterile 2 cc, each
A4208	Syringe with needle, sterile 3 cc, each
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip, each
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4255	Platforms for home blood glucose monitor, 50 per box
A4256	Normal, low and high calibrator solution / chips
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each
A4657	Syringe, with or without needle, each
E0620	Skin piercing device for collection of capillary blood, laser, each
A4224	Supplies for maintenance of insulin infusion catheter, per week
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
A4230	Infusion set for external insulin pump, non needle cannula type
A4231	Infusion set for external insulin pump, needle type
A4232	Syringe with needle for external insulin pump, sterile, 3 cc
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4220	Refill kit for implantable infusion pump
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7004	Small volume nonfiltered pneumatic nebulizer, disposable
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006	Administration set, with small volume filtered pneumatic nebulizer
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
A7012	Water collection device, used with large volume nebulizer
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator
A7015	Aerosol mask, used with dme nebulizer
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen
A7018	Water, distilled, used with large volume nebulizer, 1000 ml
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use
E1372	Immersion external heater for nebulizer
K0730	Controlled dose inhalation drug delivery system
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask
A4619	Face tent
A4620	Variable concentration mask
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing



## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)
A4606	Oxygen probe for use with oximeter device, replacement
A4616	Tubing (oxygen), per foot
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0445	Oximeter device for measuring blood oxygen levels non-invasively
E0455	Oxygen tent, excluding croup or pediatric tents
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure
E1353	Regulator
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each
E1355	Stand/rack
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each
E1358	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each
E1405	Oxygen and water vapor enriching system with heated delivery
E1406	Oxygen and water vapor enriching system without heated delivery
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
S8096	Portable peak flow meter
S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)
S8185	Flutter device
S8186	Swivel adapter
A4604	Tubing with integrated heating element for use with positive airway pressure device

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028	Oral cushion for combination oral/nasal mask, replacement only, each
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030	Full face mask used with positive airway pressure device, each
A7031	Face mask interface, replacement for full face mask, each
A7032	Cushion for use on nasal mask interface, replacement only, each
A7033	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035	Headgear used with positive airway pressure device
A7036	Chinstrap used with positive airway pressure device
A7037	Tubing used with positive airway pressure device
A7038	Filter, disposable, used with positive airway pressure device
A7039	Filter, non disposable, used with positive airway pressure device
A7044	Oral interface used with positive airway pressure device, each
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
A4556	Electrodes, (e.g., apnea monitor), per pair
A4557	Lead wires, (e.g., apnea monitor), per pair
A4558	Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
E0731	Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4611	Battery, heavy duty; replacement for patient owned ventilator
A4612	Battery cables; replacement for patient-owned ventilator
A4613	Battery charger; replacement for patient-owned ventilator
A4618	Breathing circuits
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7000	Canister, disposable, used with suction pump, each

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
A7001	Canister, non-disposable, used with suction pump, each
A7002	Tubing, used with suction pump, each
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches
B4081	Nasogastric tubing with stylet
B4082	Nasogastric tubing without stylet
B4083	Stomach tube - levine type
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
B9998	Noc for enteral supplies
E0776	Iv pole
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4100	Food thickener, administered orally, per ounce
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit
B4104	Additive for enteral formula (e.g., fiber)
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

## DME RESUPPLY CODES 04/22/2020

HCPC	CMS DESCRIPTION
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake
S9434	Modified solid food supplements for inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism