

Home Healthcare Product Catalog



Full Service DME
Custom Rehab
Respiratory
2022

 **Kern Medical**
Supply, LLC

*Kern Medical Supply. Serving Kern
County One Patient At A Time!*



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Call Us for any DME related questions. We will be happy to assist you!

Ph. 661-393-4877

Fax 661-393-7339

2520 Pegasus Drive, Bakersfield, CA 93308

Mobility

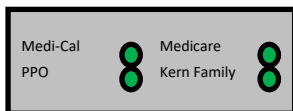




**Front Wheeled Walker
Adult**

Deluxe two button walker with 5" wheels. Height from 32" to 39". Patient Height 5'2" to 6'0". Width 24". Max weight 350lbs.

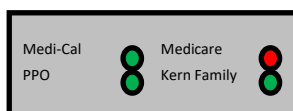
HCPCS Code E0143



**Front Wheeled Walker
Bariatric**

Deluxe two button walker with 5" wheels. 24" overall width. Patient Height 5'2" to 6'0". Max weight 500lbs.

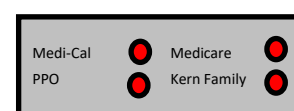
HCPCS Code E0149



Upright Walker

Assists with maintaining an upright position. Armrest height 41" to 46". Overall width 25". Max weight 300lbs.

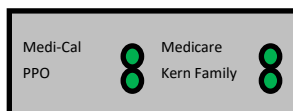
HCPCS Code NONE



Rollator Adult

Walker with Seat with 5" wheels. Height from 32" to 39". Patient Height 5'2" to 6'0". Width 24". Max weight 350lbs.

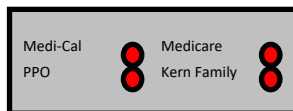
HCPCS Code E0143 + E0156



Walker Tall Extensions

Tall leg extension for standard front wheeled walker. Adds 4" to walker height. Max weight 350lbs.

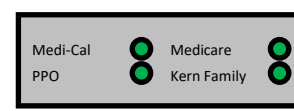
HCPCS Code E1399



**Walker Forearm
Attachments**

Forearm attachments for those with use of only 1 hand. Max weight 300lbs.

HCPCS Code E0135



Covered



Authorization Needed



Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Aluminum Crutches

Aluminum Crutches per pair.
 Pediatric— 3’7” to 4’0”
 Child— 4’1” to 4’6”
 Youth— 4’6” to 5’2”
 Adult— 5’2” to 5’10”
 Tall Adult— 5’11 to 6’5”
HCPCS Code E0114

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Steel Forearm Crutches

Steel Forearm Crutches with contoured arm cuffs and vinyl hand grips. Height from 5’0” to 6’2”. Max weight 300lbs.

HCPCS Code E0110

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Standard 3-Point Cane

Three Point Cane, combined with offset handle. Handle Height 30” to 39”. Max weight 300lbs. Bariatric Sizes Available.

HCPCS Code E0105

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



**Quad Cane—
Small & Large Base**

Four Point base, combined with offset handle. Handle Height 30” to 39”. Max weight 300lbs.

Bariatric sizes available.

HCPCS Code E0105

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Knee Scooter

Knee Scooter alternative to lower extremity crutch. Normally not covered by insurance but available for rental or purchase.

HCPCS Code E0118

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Hemi / Side Walker

Hemi Walker for those with use of only 1 hand. Height from 28.5” to 33.5”. Max weight 300lbs.

HCPCS Code E0135

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Covered



Authorization Needed



Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.

Bath Safety





Bedside Commode

Steel 3 n 1 Commode with splash guard 7.5 qt bucket. Height from 15.75" to 21.5". Max weight 350lbs.

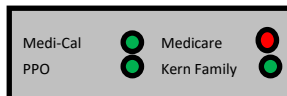
HCPCS Code E0163



Drop Arm Commode

Deluxe Steel Drop-Arm Commode with splash guard 7.5 qt bucket. Height from 20" to 24". Max weight 300lbs.

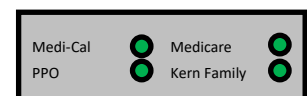
HCPCS Code E0165



Bariatric Commode

Bariatric Commode with splash guard 12 qt bucket. Seat width 24". Height from 15.75" to 21.5". Max weight 600lbs.

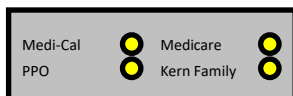
HCPCS Code E0168



Rolling Commode / Shower Chair

Rolling Shower / Commode Chair. Can be positioned over toilet. Max weight 275lbs.

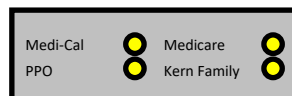
HCPCS Code E1399



Commode Shower Tilt

Rolling Shower / Commode Chair. Can be positioned over toilet. Max weight 300lbs. 18" and 20" width available.

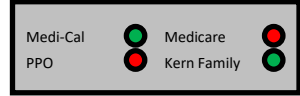
HCPCS Code E1399



Raised Toilet Seat with Arms

2-in-1 Locking Raised Toilet Seat with Arms. Dimensions 17" (W) x 16.5" (D) x 5" (H). Max weight 300lbs.

HCPCS Code E0244



Covered



Authorization Needed



Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Transfer Tub Bench

Transfer Tub Bench with seat back and armrest. Seat width 26". Height from 17.5" to 22.5". Max weight 400lbs.

HCPCS Code E0247

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Shower Chair

Deluxe Aluminum Shower Chair. Seat Dimensions 19.25" (W) x 11.5" (D). Seat Height 15.5" to 19.5". Max weight 300lbs.

HCPCS Code E0245

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Handheld Shower Spray

Deluxe Handheld Shower Spray with Diverter Valve. 80" white reinforced nylon hose.

HCPCS Code E1399

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Bath Mat

Bath mat held together with suction cups providing slip proof surface. Extra long, mold resistant. Dimensions 15.75" (W) x 35.5" (L).

HCPCS Code E1399

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Grab Bars

Quick Suction Grab Bars. Fits 4" tiles. Instant Installation.

HCPCS Code E0241

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Chrome Grab Bars

Chrome Grab Bars. 1.5" distance from wall with no-slip grip. Lengths available 12", 16", 18", 24" and 32". Not Installed.

HCPCS Code E0241

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

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Wheelchairs



 Kern Medical
Supply, LLC



Standard Wheelchair

Standard Wheelchair comes in 16", 18" and 20" width. Has several accessory options (See Pg 13) Max weight 16" 250lbs, 18" 300 lbs, 20" 350 lbs.

HCPCS Code K0001

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Hemi-Height Wheelchair

Hemi-Height Wheelchair comes in 16", 18" and 20" width. Seat height adjustable to fit patients that self propel with legs. Has several accessory options (See Pg 13). Max weight 350lbs.

HCPCS Code K0002

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Light-Weight Wheelchair

Lightweight Wheelchair comes in 16", 18" and 20" widths. Has several accessory options (See Pg 13) Max weight 16" & 18" 300 lbs, 20" 350 lbs. Chair weight under 36 lbs.

HCPCS Code K0003

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Ultra-Lightweight Wheelchair

Ultra Lightweight Wheelchair comes in 16" and 18" width. Has several accessory options (See Pg 13) Max weight 250 lbs. Chair weight under 27 lbs.

HCPCS Code K0005

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Heavy Duty Wheelchair Bariatric

HD Wheelchair with adjustable hemi-height available. 22'-24' seat with detachable armrests. Has several accessory options (See Pg 13). Max weight 450lbs.

HCPCS Code K0006

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Extra Heavy Duty Wheelchair

Extra HD Wheelchair with adjustable hemi-height available. 26' seat with detachable armrests. Several accessory options (See Pg 13). Max Wt. 700lbs.

HCPCS Code K0007

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered

● Authorization Needed

● Not Covered

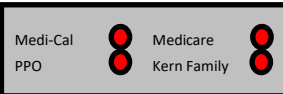
Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Transport Chair

Transport Chair for patients that can not self propel. Comes in 18" & 20" widths. Only has standard footrests. Max weight 250lbs. **Cash Pay Only**

HCPCS Code E0138

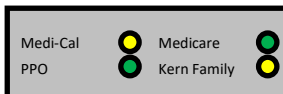


Reclining Wheelchair

Reclining Wheelchair comes in 16", 18" and 20" width. Max weight 16" & 18" 300 lbs, 20" 350 lbs.

HCPCS Code

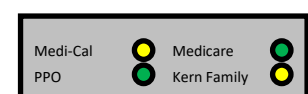
K0001+E1226+K0195+E0996+E0973



Slide Board

Transfer Board assist the patient in transferring to and from the wheelchair. Max Weight 440lbs.

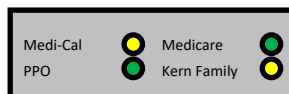
HCPCS Code E0705



Lateral Arm Support with Arm Straps

Deluxe Lateral Arm Support adds 2" of height to the arm-rests. For patients who lean laterally and/or require arm elevation. Arm position straps.

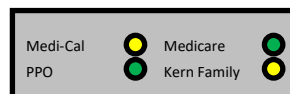
HCPCS Code E2631



Chest Harness

Chest Harness is designed to promote proper positioning for upper trunk. Comes in S, M, L sizes.

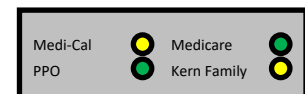
HCPCS Code E0960



Wheelchair Calf Straps

Wheelchair calf straps are designed to prevent the user's leg falling back from the wheelchair footplates. One size.

HCPCS Code K0038



● Covered

● Authorization Needed

● Not Covered

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Brake Lock Extension

Brake lock extensions for patients that can not reach down and lock brakes. These extensions make it easier for patient.

HCPCS Code E0961

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Anti Tippers

Anti Tippers help in the prevention of the wheelchair from tipping over backwards. All chairs have the ability to add Anti Tippers.

HCPCS Code E0971

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Elevated Leg Rests

Elevated leg rests are an add on for most chairs. This allows the patient to elevate legs for leg injuries.

HCPCS Code K0195

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Limb / Amputee Support

Limb Support is essential for patients with above knee amputations. Elevates remaining limb.

HCPCS Code E1020

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Seat Belt

Seat belts can be added to any chair ordered. Comes in adult and bariatric sizes.

HCPCS Code E0978

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Removable Armrests

Removable armrests for patients who need to use slide boards to transfer to other surfaces. Flip back and total removeable available.

HCPCS Code E0973

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

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Gel Wheelchair Cushion

Gel Wheelchair cushion provides comfort and support for the wheelchair bound patient. Comes in 16", 18", 20" and 22" widths.

HCPCS Code E2603 or E2604

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Foam Wheelchair Cushion

Molded Foam Cushion provides optimal support, stabilization and pressure redistribution. Comes in 16", 18" and 20" widths.

HCPCS Code E2601 or E2602

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Balanced Air Wheelchair Cushion (ROHO)

Air adjustable cushion is ideal for patients with limited seat tolerance, or those at risk for pressure injuries. Comes in 16", 18", 20" and 22" widths.

HCPCS Code E2622 or E2623

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wheelchair Foam Back Cushion

Foam Back Cushion for Wheelchair. For patients who spend many hours in wheelchair per day and need extra back support.

HCPCS Code E2611

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wheelchair Foam Back Cushion

Foam Back Cushion for Wheelchair. For patients who spend many hours in wheelchair per day and need extra back support.

HCPCS Code E2611

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wheelchair Cushion Custom

Custom wheelchair cushion can be configured many ways to meet patient specifications

HCPCS Code -Varies

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered

● Authorization Needed

● Not Covered

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Custom Rehab





Ultralightweight Folding Wheelchair

Ultralightweight Wheelchair comes in 12.5"-18" width. Has several accessory & color options. Max weight 240 lbs.

HCPCS Code K0005

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Heavy Duty Custom Wheelchair—Bariatric M6

Heavy Duty Custom Wheelchair comes in 22"- 30" width. Has several accessory & color options. Max weight 650 lbs.

HCPCS Code K0007

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Ultralightweight Folding Wheelchair—Quickie 2

Ultralightweight Wheelchair comes in 12" -24" width. Has several accessory & color options. Max weight 350 lbs.

HCPCS Code K0005

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Rigid Ultralightweight Wheelchair—QRi

Rigid Ultralightweight Wheelchair comes in 12"- 20" width. Has several accessory & color options. Max weight 265 lbs.

HCPCS Code K0005

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Sports Wheelchair

Sports Ultralightweight Wheelchair comes in 12"- 20" width. Has several accessory & color options. Max weight 250 lbs.

HCPCS Code K0005

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Ultralightweight Folding Wheelchair—QXI

Ultralightweight Wheelchair comes in 14" -20" width. Has several accessory & color options. Max weight 300 lbs.

HCPCS Code K0005 & K0004

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Ultralightweight Power Assist Wheelchair

Ultralightweight Power Assist Wheelchair comes in 12"-20" width. Has several accessory & color options. Max weight 265 lbs.

HCPCS Code K0005 & E0986

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Tilt-in Space Wheelchair

Tilt-in –Space Wheelchair comes in 14"-22" width with 55° of rotation. Has several accessory & color options. Max weight 300 lbs. HD 400 lbs.

HCPCS Code K0005

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Ultralightweight High Back Wheelchair

Ultralightweight Wheelchair comes in 14"-20" width. Has several accessory & color options. Max weight 300 lbs.

HCPCS Code K0005 & K0004

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Custom Wheelchair

Folding Custom Wheelchair comes in 10" - 18" widths. . Has several accessory & color options. Max weight 165 lbs.

HCPCS Code E1238

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Custom Wheelchair Lightweight

Folding Custom Wheelchair comes in 10" - 18" widths. . Has several accessory & color options. Max weight 165 lbs.

HCPCS Code E1238

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Tilt-in Space Wheelchair Pediatric

Tilt-in –Space Wheelchair comes in 10"-18" width with 55° of rotation. Has several accessory & color options. Max weight 225 lbs.

HCPCS Code E1233

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

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Adjustable Swing Away Side Stabilizers

Lateral positioning side stabilizers provide optimal trunk support and stability for user. Several widths available.

HCPCS Code E0956, E1028

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wheelchair Basic Rigid Back

Back designed to increase sitting tolerance and stability. Heights 16" -20". Widths 14" - 20". Will require consultation.

HCPCS Code E2611

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wheelchair Back—J3

Back comes in a multitude of width, height and contour depth back shells. Will require consultation.

HCPCS Code E2614, E2615, E2620

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wheelchair Back Focus Point

Three Piece contoured backrest with adjustable lateral wings and a pelvic wedge . Heights 14" -20". Widths 14" -21".

HCPCS Code E2620

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wheelchair Back—Go Back

Comfortable and convenient wheelchair back for basic needs. Velcro attachments. Widths 12" - 26".

HCPCS Code E2611, E2612

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wheelchair Back—Care Back

Designed to accommodate patients with fixed kyphotic spine with built in lateral support and 39° angle adjustability.

HCPCS Code E2615

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

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**Wheelchair Headrest
Contoured Cradle**

Designed to cradle the occiput and provide lateral cervical support.

HCPCS Code E0955 & E1028

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



**Wheelchair Headrest
Heads Up**

Designed to maximize interaction by providing anterior, posterior, and lateral support of head and neck.

HCPCS Code E0955 & E1028

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



**Wheelchair Headrest
Single Sub –Occipital**

Designed to provide sub-occipital and proximal lateral cervical support through use of sub-occipital pad and adjustable occipital pad.

HCPCS Code E0955 & E1028

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



**Wheelchair Headrest
Plush**

Single pad headrest system provide posterior support with a high degree of comfort and safety. Will require consultation.

HCPCS Code E0955 & E1028

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



**Wheelchair Headrest
Adjust-a- Plush**

Single pad headrest system provide posterior support and adjustable lateral stabilizers. Will require consultation.

HCPCS Code E0955 & E1028

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Arm Trough

Arm Troughs maintain a comfortable and optimal wheelchair positioning of the forearms and hands to improve overall upper body posture.

HCPCS Code E2209 & E1028

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

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Wheelchair Shoe Holders

Designed to provide support of the feet, heels, and ankles. Wheelchair Shoe Holders help improve overall positioning

HCPCS Code E0951 & E0952

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wheelchair Calf Straps

Wheelchair calf straps are designed to prevent the user's leg falling back from the wheelchair footplates. One size.

HCPCS Code K0038

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pelvic Support Belt

Designed to provide wheelchair pelvic support for improved overall function and positioning. Several sizes available.

HCPCS Code E0978

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wheelchair Foot Box

Designed to protect the lower extremities from injury and skin breakdown resulting from periods of high tone. Will require consultation.

HCPCS Code E0954

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

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Power Chairs



Power Chairs



Power Wheelchair Captains Seat Jazzy Elite ES

Captain's seat. 4 mph and a 24.75" turning radius up to 13.5 miles per charge. 16" - 20" seat size. Max capacity 300 lbs.

HCPCS Code K0823

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Power Wheelchair Captains Seat Jazzy Evo

Captain's seat. 5.1 mph and a 22" turning radius up to 21 miles per charge. 16" - 20" seat size. Max capacity 300 lbs.

HCPCS Code K0823

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Power Wheelchair Jazzy Air

Captain's seat with 12" lift. 4 mph and a 24.5" turning radius up to 19.2 miles per charge. 16" - 20" seat size. Max capacity 300 lbs.

HCPCS Code K0899

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Power Chair—Go Chair

Captain's seat. Seat width 18" or 20". 3.7mph and a 25.5" turning radius up to 13.2 miles per charge. 16" - 20" seat size. Max capacity 300 lbs.

HCPCS Code K0899

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Scooter 3 Wheeled

Scooter. 4.5 mph and a 34.5" turning radius up to 10.25 miles per charge. 17" seat size. Max capacity 300 lbs.

HCPCS Code K0806

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Scooter 4 Wheeled

Scooter. 4.5 mph and a 45" turning radius up to 14.5 miles per charge. 17" seat size. Max capacity 300 lbs.

HCPCS Code K0806

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered

● Authorization Needed

● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.

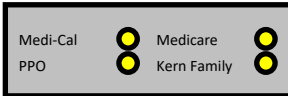
Power Chairs



Group III Power Chair— Eye Level

Custom Group III Power chairs are configured to each patient's specifications. Evaluation Needed.

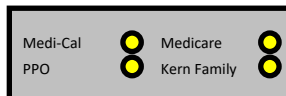
HCPCS Code Varies



Group III Power Chair— With Tilt Feature

Custom Group III Power chairs are configured to each patient's specifications. Evaluation Needed.

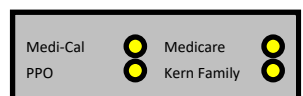
HCPCS Code Varies



Group III Power Chair— Standard or HD

Custom Group III Power chairs are configured to each patient's specifications. Evaluation Needed.

HCPCS Code Varies



Group III Power Chairs have many configurable options. Evaluation is necessary to configure the best options for patient.



Catheter Bag Cover



Rear Accessory Bar



USB Charger



Oxygen Holder



VOCSN Tray



Glove Box



Cup Holder



Trilogy Vent Tray



Transfer Bars



Push Handles



Hydration System



Privacy Flap



Reflector Kit



Backpack Holder



Controller



Covered



Authorization Needed



Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.

Hospital Beds





Semi-Electric Hospital Bed

Semi-Electric hospital. Head and foot of bed go up and down electrically. Height adjustable from floor. Max Weight 450lbs. Bariatric size available.
HCPCS Code E0295

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Foam/Gel Hybrid Mattress

Foam Mattress with blood and urine proof cover. Fits most standard hospital beds. Bariatric sizes available.
HCPCS Code E0272

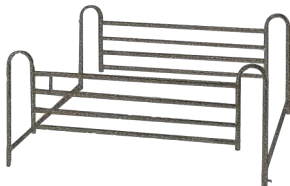
Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Alternating Pressure Mattress

Mattress replacement system that provides alternating pressure and low air loss for prevention and treatment of pressure ulcers. Max Weight 350lbs.
HCPCS Code E0277

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Full Length Side Rails

Full length bed rails to prevent patient from falling from bed.
HCPCS Code E0310

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Half Length Side Rails

Half length bed rails to prevent patient from falling from bed.
HCPCS Code E0305

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Trapeze Bar for Hospital Bed

Trapeze bar for homecare bed. Assists patient with in bed movement and mobility.
HCPCS Code E0910

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Patient Lift

Patient Lift to help caregivers lift patients in and out of bed and wheelchairs. Six point swivel bar. Max weight 450lbs.

HCPCS Code E0630

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Full Body Sling with Commode Opening

Full body sling with commode opening for use with patient lifts. For patients that need more stability in lifting process. Max Weight 600 lbs.

HCPCS Code E0621

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Bed Wedge

Bed wedge positional pillow to raise head of patient in bed.

HCPCS Code E0190

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Bedside Table

Bedside table for use with hospital bed or standard residential bed. Height adjustable.

Cash Pay Only

HCPCS Code E1399

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.

Orthotics & Bracing



 Kern Medical
Supply, LLC



**Walking Boot—
Pneumatic Tall**

Used for soft tissue injuries, grade 2 & 3 sprains, stable fractures and post op stabilization. Helps reduce pain and edema. Order with shoe size.

HCPCS Code L4360

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



**Walking Boot—
Pneumatic Short**

Used for soft tissue injuries, grade 2 & 3 sprains, stable fractures and post op stabilization. Helps reduce pain and edema. Order with shoe size.

HCPCS Code L4360

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



**Canvas Lace-Up Ankle
Brace**

For patients with chronic ankle instability, sub-acute ankle sprains and ankle injury rehabilitation.

HCPCS Code L1902

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Night Splint

Designed to treat plantar fasciitis, Achilles tendonitis and heel pain. . Order with patients shoe size.

HCPCS Code L4396

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Air-Gel Ankle Brace

Designed to treat sub-acute ankle sprains, chronic ankle instabilities or prophylactic use.

HCPCS Code L4350

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Ankle Foot Orthosis

Designed to aid in foot drop that is secondary to CVA or nerve palsy.

HCPCS Code L1930

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Unloader Knee Brace

Ideal for patients with mild to moderate osteoarthritis of the knee. Brace comes in Medial or Lateral.

HCPCS Code L1843

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



ACL Knee Brace

Provides stability and support following injury or reconstruction of the ACL, PCL, MCL, LCL and menisci. Can be used prophylactically to prevent injuries.

HCPCS Code L1845

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Hinged Knee Brace

Indicated for mild to moderate ligament joint pain, sprain, strains of the knee ligaments. Provides support, stabilization and compression of knee joint.

HCPCS Code L1820

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Hinged Knee Brace with Range of Motion

Indicated for mild to moderate ligament joint pain, sprain, strains of the knee ligaments. Able to control flexion and extension with ROM pins.

HCPCS Code L1833

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Knee Immobilizer

Ideal for patients with sprains, strains of the knee ACL, PCL, MCL, LCL injuries.

HCPCS Code L1830

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Patella Knee Strap

Ideal for patients with patellar tendonitis, runner's knee and chondromalacia. Reduces pain by applying pressure to tendon below kneecap.

HCPCS Code L1810

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Arm Abduction Sling

Designed for rotator cuff repair, glenohumeral dislocations/subluxation, soft tissue repair, posterior shoulder repair.

HCPCS Code L3670

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Arm Immobilizer

Arm Immobilizer to keep arm in one position. Indicated for shoulder injuries and instabilities. Comes in S, M and L sizes and also pediatric.

HCPCS Code L3660

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Aspen Cervical Brace

Designed to help with whiplash, herniated cervical discs and other minor neck injuries. Sizes—Short, Regular, Tall, X-Tall.

HCPCS Code L0172

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Premium Cervical Collar

Designed to help with whiplash, herniated cervical discs and other minor neck injuries.

HCPCS Code L0120

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pneumatic Cervical Traction

Portable cervical neck traction unit provides adjustable traction therapy and slowly inflates with air providing an even gentle stretch.

HCPCS Code E0856

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Clavicle Support

Ideal for patients with clavicle fracture or for postural control. Available in adult and pediatric.

HCPCS Code L3650

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Tennis Elbow Strap

Ideal for patients with tennis elbow syndrome, tendonitis and lateral / medial epicondylitics. One size.

HCPCS Code L3701

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Hinged ROM Elbow Brace

Ideal for patients with soft tissue strains or repairs post-op. Telescopic adjustable length to patient arm for exact fit.

HCPCS Code L3760

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wrist Brace with/without Thumb Spica

Wrist immobilization for wrist sprains and strains.

HCPCS Code L3807 with thumb

HCPCS Code L3908 w/o thumb

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Wrist Brace with Range of Motion

Wrist immobilization with range of motion setting for patient's with carpal tunnel syndrome.

HCPCS Code L3916

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Abdominal Binder

Form Fitting, breathable abdominal binders conform to different patient shapes for improved compression. Available in sizes up to 72" in waist.

HCPCS Code L0625

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Maternity Belt

Belly and back brace for pregnant women with low back pain. Available in sizes up to 72" in waist.

HCPCS Code L0621

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Lumbo Sacral Support with Double Pull Tension

Ideal for providing support and compression for strains and sprains of the lower back.

HCPCS Code L0628

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Lumbar Orthosis Lightweight

Streamline design allows for exact fit and comfort. Posterior and anterior padded panels which provide low back and abdominal compression

HCPCS Code L0642

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Premium Lumbar Orthosis

Posterior and anterior panels which provide excellent lower back and abdominal compression. Also provides hot and cold therapy.

HCPCS Code L0648

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Lumbar Sacral with Side Stabilization

Single pull strap design. Rigid panels provide superior posterior and anterior support. Quick Pull 6.1 mechanical advantage compression system.

HCPCS Code L0650

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Back Flex LSO

Back Flex brace provides targeted compression for effective back pain treatment. Solid panel with cinching system that provides adjustable pressure.

HCPCS Code L0642

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Cyberspine TLSO

Acute pain relief by thoracic postural extension alignment. Ideal for early onset osteoporosis, compression fractures and Kyphosis.

HCPCS Code L0460

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Aspen TLSO

Acute pain relief by thoracic postural extension alignment. Gentle support while activating postural stabilizing muscles. Over the arms.

HCPCS Code L0456

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Scoliosis Bracing System

Provides relief of the symptoms of Adult Scoliosis. Uses a combination of compression and support to promote better alignment, posture, center of gravity. **HCPCS Code L1005**

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Aspen Vista TLSO

Acute pain relief by thoracic postural extension alignment. Gentle support while activating postural stabilizing muscles. Under the arms.

HCPCS Code L0464

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Aspen Vista LSO

Designed for post op patients in need of motion restriction. Provides support for traumatized spinal structures. Size 26" - 70".

HCPCS Code L0637

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Aspen Horizon LSO

Support from the symphysis pubis to the xiphoid process along with overlapping anterior, lateral and posterior panels. Size 24" - 50".

HCPCS Code L0639

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Hyperextension TLSO

This TLSO supports from a wide variety of pre- and post-operative spine conditions such as compression fractures due to osteoporosis and trauma.

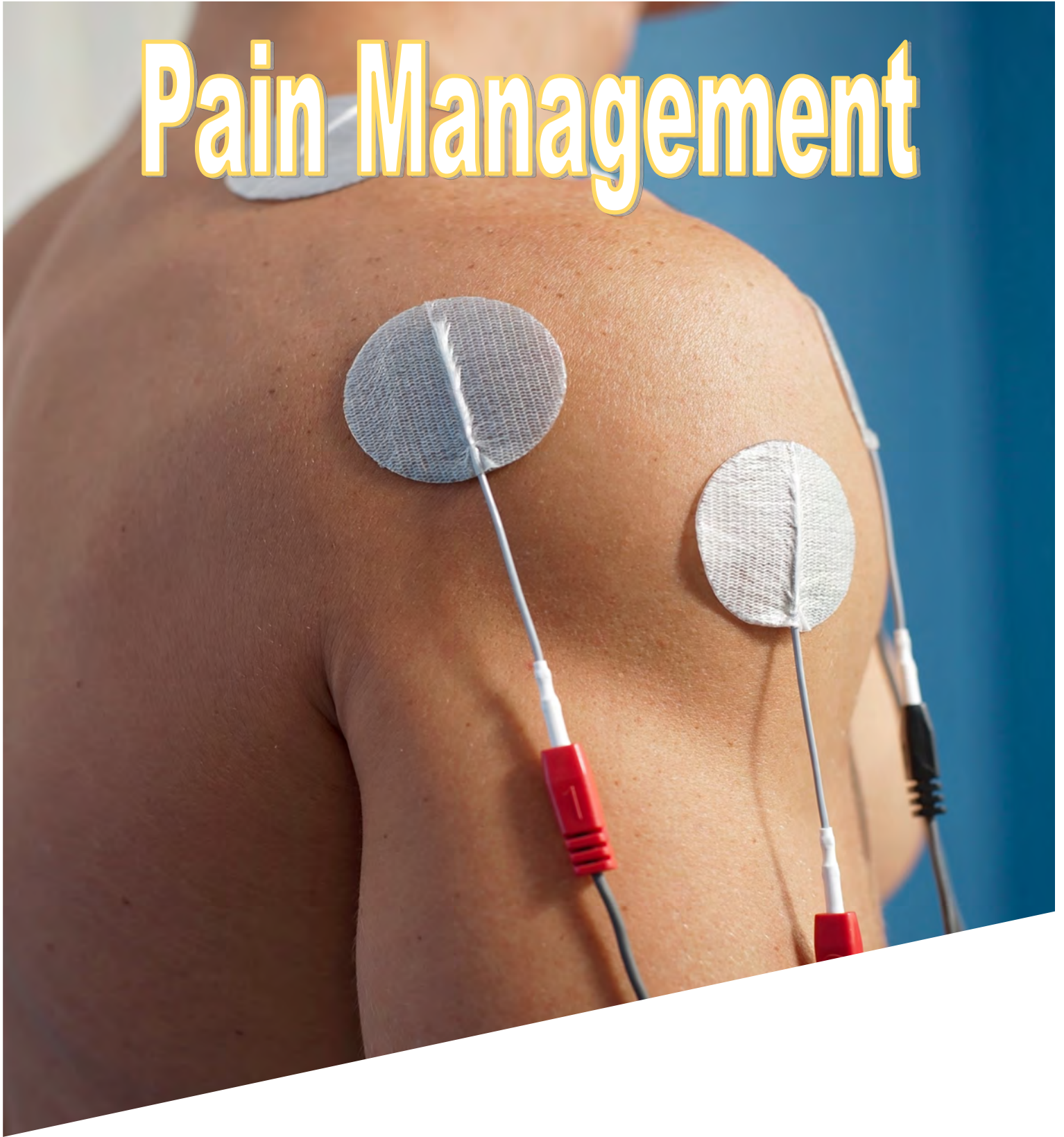
HCPCS Code L0472

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.

Pain Management





TENS Unit

TENS unit for nerve pain therapy. 10 stimulation levels to accommodate patient needs. Comes with 4 leads and electrodes.

HCPCS Code E0730+A4595

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



TENS Electrodes

Replacement electrodes for TENS unit. Will fit most style of TENS units. Qty 4.

Cash Pay Only

HCPCS Code A4595

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Hot and Cold Packs

Hot and Cold reusable gel packs. Comes in 3 sizes. Not usually covered by insurance.

Cash Pay Only

HCPCS Code E1399

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Cold Water Circulation Pump with Knee Pad

Water circulation cold pad with pump reduces surgery swelling and pain. Helps return patients to normal activity faster. **Cash Pay Only**

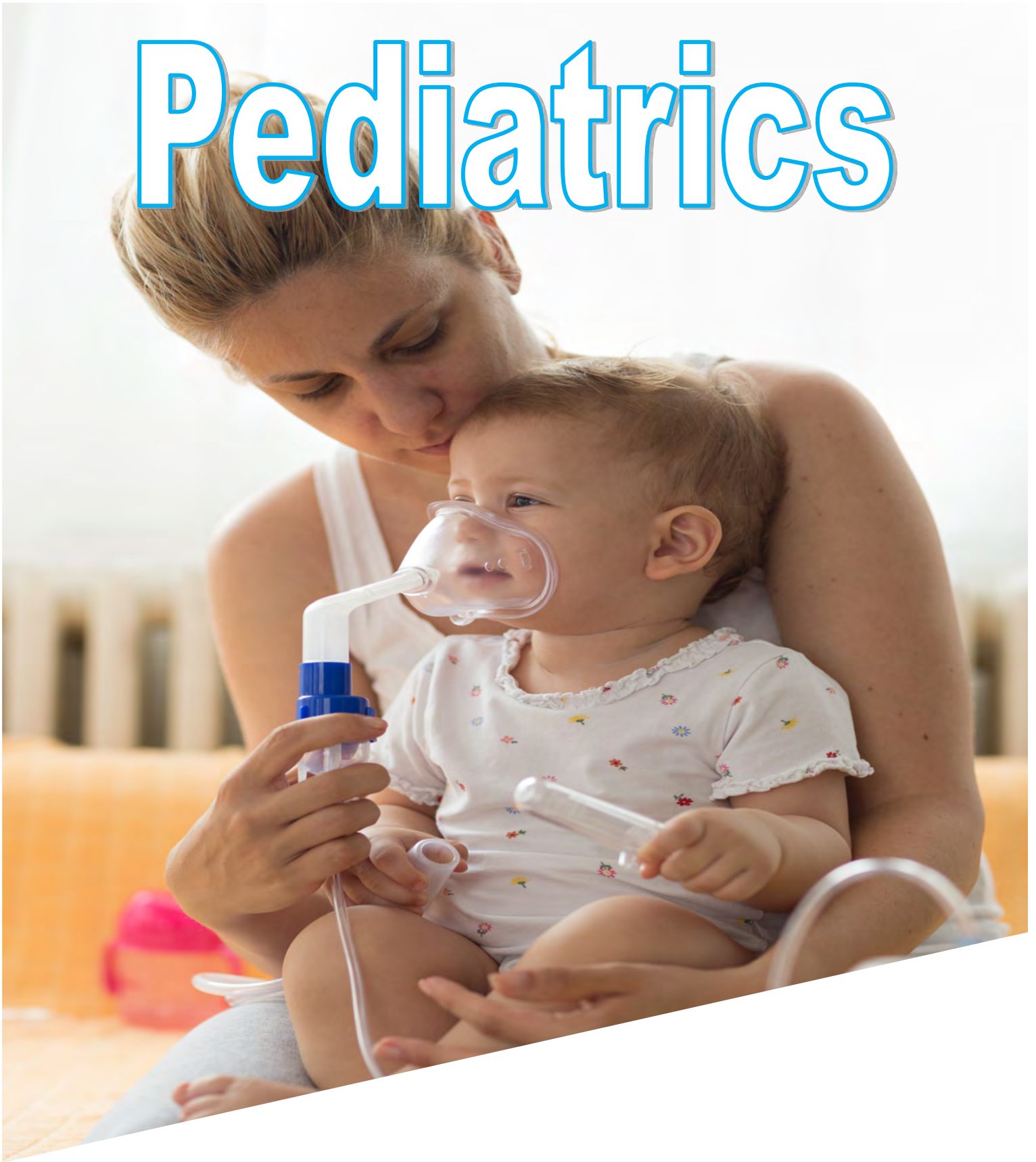
HCPCS Code E0218

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.

Pediatrics



 Kern Medical
Supply, LLC



Pediatric Nebulizer
Frog

Pediatric Nebulizer used for aerosol therapy. Comes with mouth piece and pediatric mask options.

HCPCS Code E0570+A7005+A7015

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Nebulizer
Lego, Age 6+

Pediatric Nebulizer used for aerosol therapy. Comes with mouth piece and pediatric mask options.

HCPCS Code E0570+A7005+A7015

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pacifier Neb

Pediatric Nebulizer administration set. For infants up to 12 months. Optional add on accessory.

HCPCS Code A7003

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Forearm Crutches—
Pediatric

Forearm Crutches—Pediatric
Small-2'6" to 3'5"
Med-3'2" to 4'5"
Large-4'4" to 5'5"

HCPCS Code E0110

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Front Wheeled Walker
Pediatric

Deluxe two button walker with 5" wheels. Height from 25" to 32". Patient Height 4'2" to 5'1". Width 24". Max weight 350lbs.

HCPCS Code E0143

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Transport Stroller

Pediatric Transport Stroller comes in 12" and 14" width. Max weight 130lbs.

HCPCS Code E1236+E0978+E0960

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



**Pediatric Mobility Stroller
–Pink, Red or Blue**

Pediatric Stroller comes in 12”, 14”, 16” and 18” width. Max weight 12”-75lbs, 14”-100lbs, 16”-170lbs and 18”-250lbs.

HCPCS Code E1236+E0978+E0960

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



**Tilt In Space Stroller
Wheelchair**

Tilt in Space Stroller gravity assisted positioning for proper sitting posture. Comes in 8”-14” with and 40 degrees of tilt. Max wt. 66 lbs.

HCPCS Code E0138

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Wheelchair

Pediatric Wheelchair comes in 12” and 14” width. Max weight 250lbs. When used in Transport the max weight is 80lbs.

HCPCS Code E1236

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



**Pediatric Wheelchair
with Headrest**

Pediatric Wheelchair with headrest for taller users comes in 12” and 14” width. Max weight 150 lbs.

HCPCS Code E1236+E0966

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



**Pediatric Reclining
Wheelchair**

Pediatric Reclining Wheelchair comes in 12” and 14” width. Max weight 250lbs.

HCPCS Code E1236+E1226+K0195+E0996+E0973

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Tilt In Space Wheelchair

Tilt in Space Wheelchair gravity assisted positioning for proper sitting posture. Comes in 10”-14” width and 45 degrees of tilt. Max weight 200 lbs.

HCPCS Code E0138

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Pediatric Posterior Walker with Seat

Pediatric Walker with Seat provides users with support for ambulation. 5 sizes available. Max weight 75lbs to 250lbs.

HCPCS Code E1399

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Gait Trainer

Gait Trainer for patients with walking instabilities. Optional attachments below.

HCPCS Code E8000

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Trunk Stabilizer for Gait Trainer

Trunk stabilizer to provide stability to trunk while using gait trainer. Height, depth, width and angle adjustable. Chest circumferences from 14" to 50".

HCPCS Code E1399

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Forearm Supports for Gait Trainer

Forearm support for gait trainer have contoured armrest with arm and wrist straps. Height and depth adjustable. Small and large sizes.

HCPCS Code E0153

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Hip Positioner for Gait Trainer

Height adjustable seat harness positions hip and pelvis and allows user to shift weight from one leg to another. Small and large sizes.

HCPCS Code E1399

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Clavicle Support

Pediatric Clavicle Support is ideal for use on infants and children to hold the shoulder back and limit movement.

HCPCS Code L3660

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Pediatric Walking Boot

Pediatric Walking Boot ideal for ankle instabilities or fracture protection. Sizing from 5.5" footbed to 8.5" footbed.

HCPCS Code L4387

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Ankle Stabilizer

Pediatric ankle stabilizer. Gel or pneumatic available. Helps eliminate swelling and edema. For acute ankle injuries when ankle is tender or swollen.

HCPCS Code L4350

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Ankle Brace

Pediatric ankle brace for chronic ankle instability, sub-acute ankle sprains. Figure 8 strapping provides extra stability.

HCPCS Code L1902

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Knee Brace with Patella Stabilizer

Patellar knee support with medial or lateral pull. Ideal for patella / patella tendon injuries.

HCPCS Code L1820

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Hinged Knee Brace

Pediatric Hinged ROM Knee Brace

X-Small: 6" - 7", Small: 7" - 8"
Med: 8" - 9", Large: 9" - 10"
XL: 10" - 11", 2XL: 11" - 12"

HCPCS Code L1820

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Knee Immobilizer

Pediatric Knee Immobilizer for sprains, strains of the knee ACL, PCL, MCL, LCL injuries. Provides support and stabilization for the leg and knee.

HCPCS Code L1830

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered

● Authorization Needed

● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Arm/Shoulder Immobilizer

Pediatric Arm/Shoulder Immobilizer is designed to immobilize the shoulder and comfortably secure the arm against the body.

HCPCS Code L3670

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Wrist Brace with Thumb Spica

Pediatric wrist immobilization for wrist sprains and strains with thumb spica.

HCPCS Code L3807

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Wrist Brace

Pediatric wrist immobilization for wrist sprains and strains. Child and Youth sizes.

HCPCS Code L3908

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Protective Helmet—Hard

Pediatric Helmet .Measure head circumference.

Small: 40-43 cm, Med.: 43-45 cm

Large: 46-48 cm, XL: 48-51 cm

HCPCS Code A8001

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Protective Helmet—Soft

Pediatric Helmet .Measure head circumference.

Small: 40-43 cm, Med.: 43-45 cm

Large: 46-48 cm, XL: 48-51 cm

HCPCS Code A8001

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Bilibed

Phototherapy for infants with Jaundice. Daily rental.

HCPCS Code E0202

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

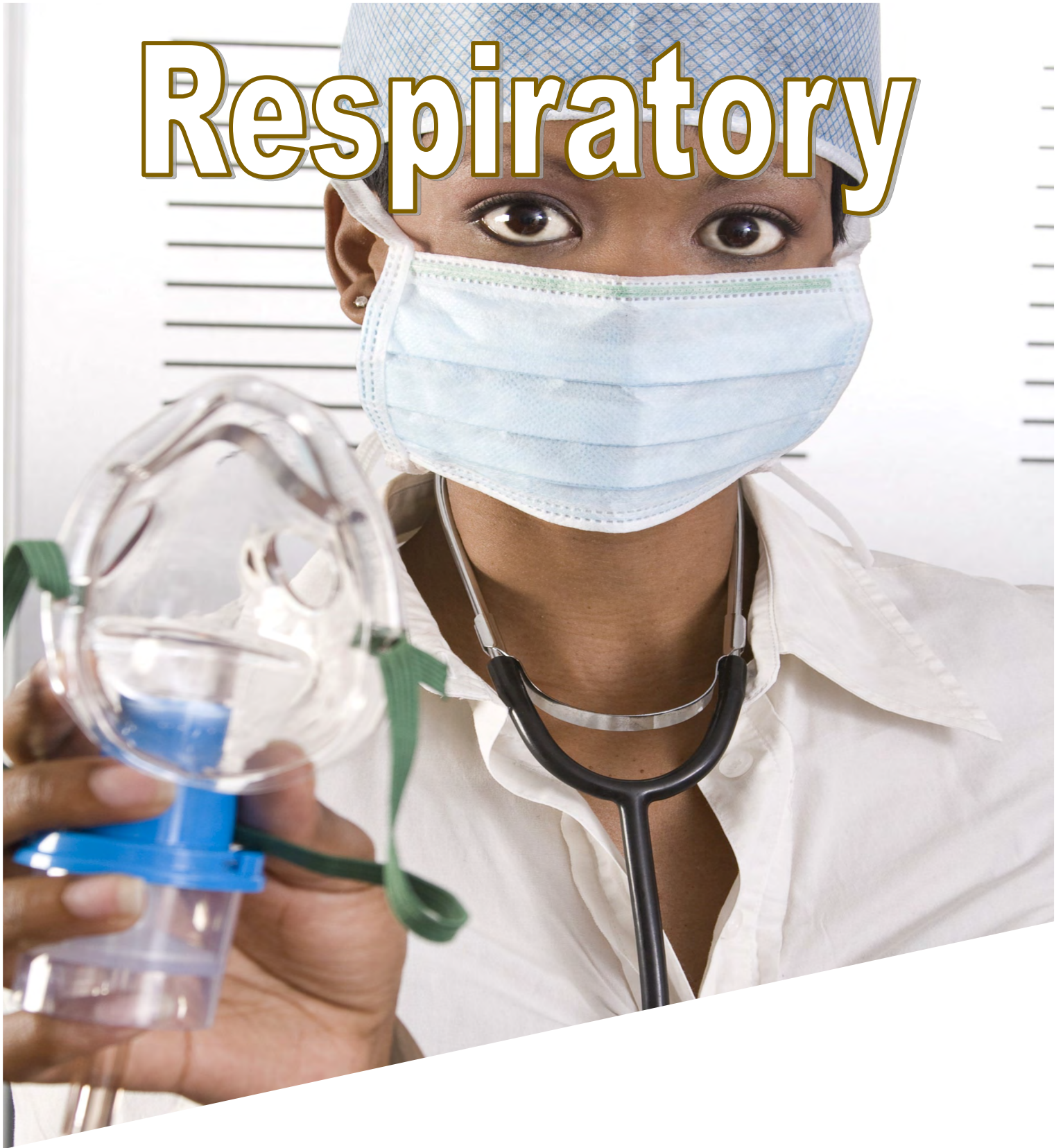
● Covered

● Authorization Needed

● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.

Respiratory





Oxygen Concentrator

Oxygen Concentrator for patients who need supplemental oxygen 5 liter and 10 liter concentrators available. Optional bubble humidifier on request.

HCPCS Code E1390

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Portable Oxygen Tanks Size E

Portable Oxygen tanks with cart and regulator. Two tanks per month for Medi-cal and KHS.

HCPCS Code E0431 & E0443

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Standard Nebulizer

Nebulizer used for aerosol therapy. Comes with mouth piece. Adult mask optional add on.

HCPCS Code E0570+A7005+A7015

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Portable Nebulizer

Portable Nebulizer used for aerosol therapy. Comes with mouth piece. Adult mask optional add on. Has car adapter to use on the go. **Cash Pay Only**

HCPCS Code E0570+A7005+A7015

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



NebGO

Battery Powered Portable Nebulizer used for aerosol therapy. Comes with mouth piece. Adult mask optional add on. **Cash Pay Only**

HCPCS Code E0570+A7005+A7015

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Airway Clearance Vest

Airway clearance vest to assist patients with airway clearance dysfunction, secretion retention, ineffective cough. Provides high frequency chest wall oscillation.

HCPCS Code E0483

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered

● Authorization Needed

● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.



Auto CPAP with Humidifier

CPAP with heated humidification. Comes with filters, mask, tuning and smartphone app for nightly tracking.

HCPCS Code E0601 + E0562

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Auto BiPAP with Humidifier

BiPAP with heated humidification. Comes with filters, mask, tuning and smartphone app for nightly tracking.

HCPCS Code E0470 + E0562
HCPCS Code E0471 + E0562 ST

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Auto BiPAP ST with Humidifier / Back Up Rt

BiPAP with heated humidification. Comes with filters, mask, tuning and smartphone app for nightly tracking.

HCPCS Code E0470 + E0562
HCPCS Code E0471 + E0562 ST

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Nebulizer Frog

Pediatric Nebulizer used for aerosol therapy. Comes with mouth piece and pediatric mask options.

HCPCS Code E0570+A7005+A7015

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pediatric Nebulizer Lego, Age 6+

Pediatric Nebulizer used for aerosol therapy. Comes with mouth piece and pediatric mask options.

HCPCS Code E0570+A7005+A7015

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Pacifier Neb

Pediatric Nebulizer administration set. For infants up to 12 months. Optional add on accessory.

HCPCS Code A7003

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

Questions or to refer a patient call (661) 393-4877 or Fax (661) 393-7339.

Wound Care



 Kern Medical
Supply, LLC



Foam Bandage Sacral

Silicone faced foam bandage with border. 9 x 9 sacral area bandage. Protects open wounds and will not stick to area. Change q3days.

HCPCS Code A6213

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Foam Bandage 4x4

Foam wound dressing with silicone adhesive border. 4 x 4 coverage area. Protects wounds and will not stick to area.

HCPCS Code A6212

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Calcium Alginate

Calcium Alginate dressings. 4.25 x 4.25 coverage area. Absorbs wound fluid. Alginate turns wound fluid into gel mass when saturated.

HCPCS Code A6197

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Silver Alginate Bandage

Silver alginate dressings 4.25 x 4.25 coverage area. Indicated for moderately to high exuding wounds such as pressure ulcers and cavity wounds.

HCPCS Code A6197

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Fibracol Collagen Dressing with Alginate

Fibracol collagen dressing with alginate provides structural support of collagen with the exudate management of alginate. 2 x 2 coverage area.

HCPCS Code A6021

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Gauze 4x4—2x2

Sterile Gauze 4 x 4 or 2 x 2 coverage area for wound management.

HCPCS Code A6402

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

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Split Sponges 4x4 or 2x2

Sterile Gauze split sponges in 4 x 4 or 2 x 2 size. For wound care around indwelling tubes.

HCPCS Code A4602

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Rolled Gauze Bandage

Woven gauze bandage rolls used to protect wound areas. 2 1/4 inch x 3 yards per roll.

HCPCS Code A6445

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Normal Saline

Normal saline for wound care 500ml per bottle.

HCPCS Code A4217

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Sterile Water

Sterile Water for wound care 500ml per bottle.

HCPCS Code A4217

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



ABD Pads 5x9 or 8x10

ABD pads sterile with extra absorbency and wicking to handle heavy draining wounds. 5 x 9 or 8 x 10 sizing available.

HCPCS Code A6253

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Latex Gloves

Latex Gloves for infection control. Per box of 100 gloves.

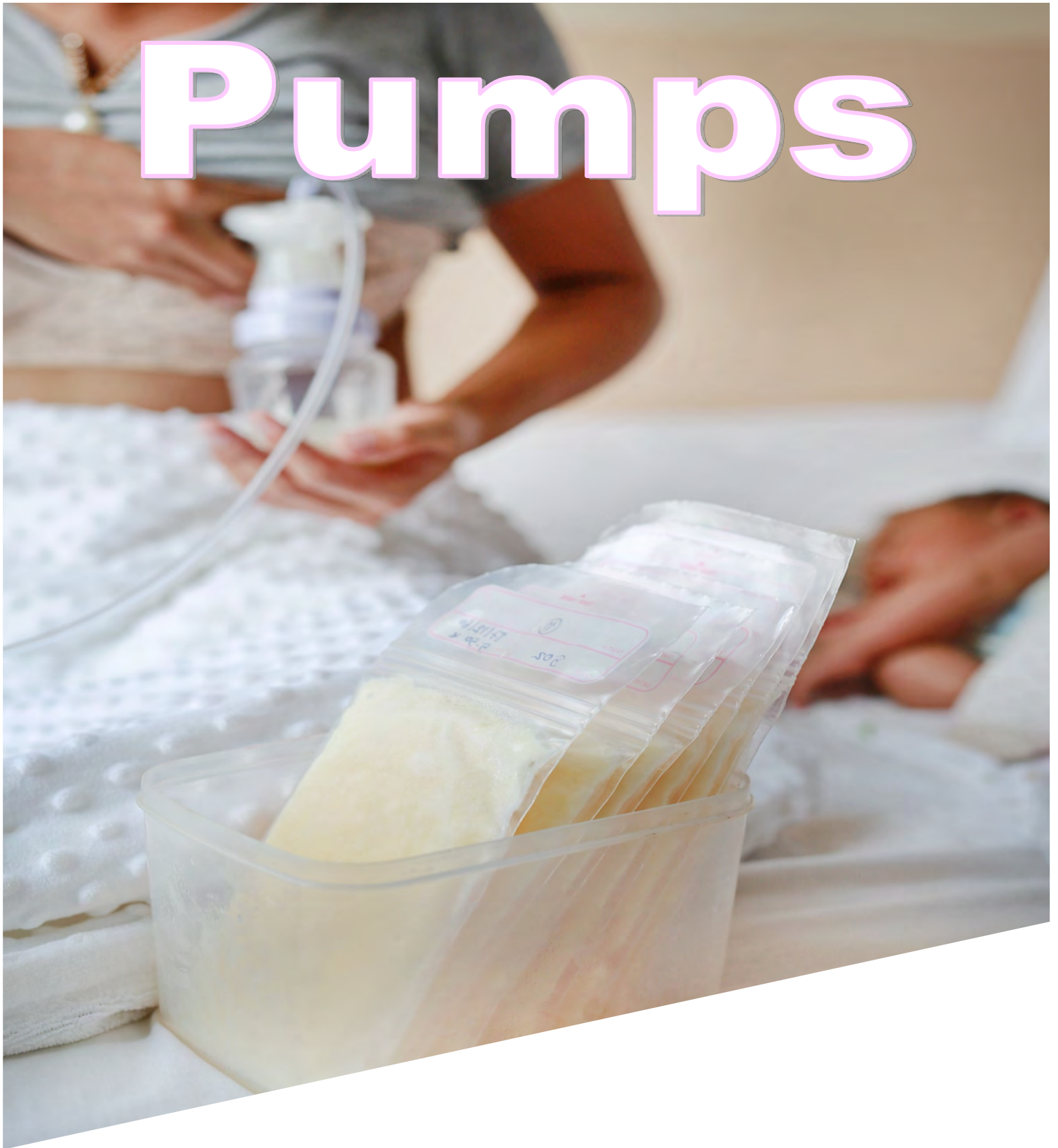
HCPCS Code A4927

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

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Pumps





Lymphedema Pump

Lymphadema pump for upper and lower limb lymphedema. Sequential gradient pump for best result of lymphorrhea.

HCPCS Code E0651

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Arm Garment

Segmental pneumatic appliance for use with pneumatic compressor. Custom fit to patient. Will require consultation.

HCPCS Code E0668

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Half Leg Garment

Segmental pneumatic appliance for use with pneumatic compressor. Custom fit to patient. Will require consultation.

HCPCS Code E0669

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Full Leg Garment

Segmental pneumatic appliance for use with pneumatic compressor. Custom fit to patient. Will require consultation.

HCPCS Code E0667

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Breast Pump— Double

Double electric breast pump, hospital grade. Available to Medi-Cal & KHS with twins and feeding problems.

HCPCS Code E0604

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●



Breast Pump - Single

Single electric breast pump, cordless battery use and wall plug adapter. Available to all breastfeeding moms.

HCPCS Code E0603

Medi-Cal	●	Medicare	●
PPO	●	Kern Family	●

● Covered ● Authorization Needed ● Not Covered

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Kern Medical Supply, LLC

2520 Pegasus Drive, Bakersfield, CA 93308

(661) 393-4877 Ph.

(661) 393-7339 Fax