



**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY**  
**650 JOEL DRIVE**  
**FORT CAMPBELL, KY 42223-5349**

August 31, 2011

Office of the Commander

Valued Tricare Beneficiary:

The goal at Blanchfield Army Community Hospital (BACH) is to provide superior health care to the Soldiers, Family members, and retirees of the Fort Campbell community.

In an effort to provide outstanding care for Tricare beneficiaries, BACH has been providing select medical supplies from the medical supply counter within the hospital. This practice allowed BACH to shoulder the costs rather than our Tricare beneficiaries. Due to shifts in our mission and requirements, as well as recent budget constraints, BACH can no longer provide free medical supplies. This change will become effective September 30, 2011. The majority of these items are available as covered benefits under Tricare.

Items that are medically necessary, such as colostomy supplies, syringes, IV tubing, and catheters, are covered benefits through Tricare. Please contact your primary care provider, who will need to submit a referral and provide you a handwritten prescription. You will then take the prescription to BACH's Referral Office, where a Referral Officer will contact the appropriate company to supply your medical items. The company will contact you directly and provide your medical supplies via mail or a home visit. For questions on this process, please contact BACH's Referral Office at 270-798-8421.

Items that are not covered as a Tricare benefit, such as Ensure, adult and pediatric diapers, formula, bandages, maternity pads, heating pads, and Pediasure, will need to be purchased by the beneficiary. This is common practice throughout other military medical facilities and civilian medicine. A list of the supplies previously offered and their covered or non-covered benefit status can be viewed on the BACH website at [www.campbell.amedd.army.mil](http://www.campbell.amedd.army.mil). Questions about specific medical supplies can be answered by Tricare at 1-877-874-2273.

Some patients may be eligible for assistance through Medicaid, Social Security, or federal assistance programs. Community resources may be available as well. For advice about assistance, patients are encouraged to speak with a medical case manager within their clinic or contact a systems navigator at Army Community Service (ACS) Exceptional Family Member Program (EFMP) at 270-798-2727.

Thank you for your understanding as we streamline services so we may continue to offer the best possible medical care to all our beneficiaries.

Sincerely,

Paul R. Cordts  
Colonel, US Army  
Commanding

Item ID	Nomenclature	COVERED
DYND41470	10 FR SUCTION CATHETER KIT	COVERED
586	10FR COUDE TIP CATH 20	COVERED
010114	14 FR. BARD COUDE TIP CATHETER	COVERED
DYND40982	14FR SUCTION CATHETER MINI TRA	COVERED
TC600	BAG DRAINAGE GRAVITY FEED 600ML	COVERED
145514	BAG LEG 500 ML	COVERED
LB0032T	BAG LEG URINARY 32OZ W/18IN TUBE STERILE	COVERED
	BAG OSTOMY 12X4" 10S	COVERED
15521	BAG OSTOMY SENSURA 3/8X3 TRANSPARNT	COVERED
15606	BAG OSTOMY SENSURA TRANSPARENT CUT	COVERED
	BAG URINE REPLACEMENT	COVERED
600D	BAG, DISPOSABLE CATHETER DRAIN	COVERED
820-0004-00	CATH 14FR SUCTION	COVERED
	CATH EXT TEXAS MED	COVERED
EMC036	CATH MALE FREEDOM	COVERED
6155	CATH PACK 16 FR	COVERED
DYND160516	CATH PACK TRAY 16FR FOLEY	COVERED
DYND11908	CATH PACK TRAY 18FR FOLEY	COVERED
31800	CATHETER & CONNECTOR 18FR	COVERED
30888	CATHETER & CONNECTOR 8FR	COVERED
H66580412	CATHETER 12FR, URETHRA	COVERED
H06135400611	CATHETER 14FR FEMALE	COVERED
H6135400614	CATHETER 14FR SELF CAT	COVERED
H66580116	CATHETER 16FR STRAIGHT	COVERED
15030	CATHETER CONTINENT CURVED 30FR	COVERED
H000486	CATHETER COUDE 14FR	COVERED
CP5000M	CATHETER EXTERNAL MALE FREEDOM MED 28MM	COVERED
H0TCY5NF125	CATHETER FASTENER	COVERED
318116	CATHETER FOLEY 16 FR 5CC 2 WAY	COVERED
8888492033	CATHETER IN/OUT 12FR R	COVERED
H61797351014	CATHETER IN/OUT 14FR	COVERED
8888492041	CATHETER IN/OUT 14FR R	COVERED
116	CATHETER IN/OUT 16FR R	COVERED
990840	CATHETER LOFRIC 8 FR ADOLESCENT 12 IN	COVERED
450	CATHETER URE 14FR	COVERED
212	CATHETER URETHRAL SELF-CATHETE	COVERED
HME410	CATHETER URETHRAL SELF-CATHETE	COVERED
	CATHETER, 16L X 18FR ROB-NEL	COVERED
	CATHETER,URETHRAL	COVERED
H08011033622	CATHETERS 22FR SILASTIC	COVERED
	GLUCOMETER STRIP QID	COVERED
	HEARING AID BATTERY 1.5 V	NOT COVERED
H012324	MICKEY BOLUS FEED SET	COVERED
1201415	MICKEY BUTTON 14FR - 1.5CM	COVERED
1201612	MICKEY BUTTON 14FR 1.2	COVERED
1201617	MICKEY BUTTON 14FR 1.7	COVERED
1201615	MICKEY BUTTON 16FR1.5	COVERED

1201610	MICKEY BUTTON,14FR,1.0	COVERED
0120-14-2.3	MIC-KEY GASTROSTOMY KIT	COVERED
	MIC-KEY GASTROSTOMY KIT	COVERED
	MIC-KEY GASTROSTOMY KIT	COVERED
	MINI MED	COVERED
1201625	MINI ONE BALLOON BUTTON 16FR 2.5CM	COVERED
	MINI ONE BALLOON BUTTON 20FRENCH 1.7CM	COVERED
	MISTY NEBULIZER HAND	COVERED
	NASAL CANNULA ADULT	COVERED
	NEEDLE 21G 1-1/2	COVERED
	NEEDLE 21GA X 1-1/4 INCHES	COVERED
	NEEDLE 23G 1"	COVERED
	NEEDLE 25GA X 1-1/2"	COVERED
	NEEDLE 25GA X 5/8" HYP	COVERED
	NEEDLE 26GA X 1/2"	COVERED
	NEEDLE 27GA X 3/4"	COVERED
	NEEDLE 30GA X 1/2"	COVERED
	NEEDLE HYPO 18GA 100S	COVERED
	NEEDLE, 22GA 1-1/2"	COVERED
H09309182102	NEW IMAGE	COVERED
18183	NEW IMAGE 12 OPAQUE DRAINABLE	COVERED
H18392	NEW IMAGE 7 OPAQUE CLOSED END	COVERED
18283	NEW IMAGE 7 OPAQUE DRIANABLE	COVERED
18372	NEW IMAGE 9 OPAQUE CLOSED END	COVERED
18373	NEW IMAGE 9 OPAQUE CLOSED END	COVERED
3158015602	NEW IMAGE CTF FLEXTEND SKIN BA	COVERED
18203	NEW IMAGE DRAINABLE OPQ MINI P	COVERED
18123	NEW IMAGE DRAINABLE OPQ PCH 2-	COVERED
14802	NEW IMAGE FLEXTEND CONVEX WAFE	COVERED
14803	NEW IMAGE FLEXTEND CONVEX WAFE	COVERED
14602	NEW IMAGE FLEXTEND FLAT WAFER	COVERED
14203	NEW IMAGE FLEXWEAR FLAT WAFER	COVERED
18152	NEW IMAGE IRRIGATION SLEEVE 1-	COVERED
18153	NEW IMAGE IRRIGATION SLEEVE 2-	COVERED
08380018402	NEW IMAGE TRANSPARENT UROSTOMY	COVERED
	NITRAMGEN LGG ENFLRA POWDER	NOT COVERED
	NO STING SKIN PREP	NOT COVERED
NASC22	NR AMPATCH STOMA CAP 2 5/8 W/7/8 RD CENT	NOT COVERED
	NS IRRIGATION 1000ML	NOT COVERED
	NS SOD CHL9%INJ1000ML	NOT COVERED
	NU-GAUZE 1/4 PLAIN	NOT COVERED
00065904570	NUTREN JUNIOR FIBR VAN LIQ 24X250 ML	COVERED; If Sole source of Nutrition
00065904370	NUTREN JUNIOR VAN LIQ	COVERED; If Sole source of Nutrition
	OCUSOFT LID SCRUB PACKET	NOT COVERED
	ODOR ELIMINATOR 2OZ SPRAY BT UNSCENTED	NOT COVERED
	OP-SITE 2 X 3"	NOT COVERED
	OSMOLITE 1.2 CAL LIQUID	NOT COVERED

	OSTOMY PASTE, 2OZ	NOT COVERED
	OXIMETER PULSE FINGER	NOT COVERED
	OXYGEN SUPPLY TUBING OXYGEN SU	NOT COVERED
	PAD ANTISEPTIC SKIN PREP SM	NOT COVERED
	PAD BED LINEN PROT300	NOT COVERED
	PAD HEAT 90/110 DEG	NOT COVERED
	PAD ISOPROPYL ALCOHOL	NOT COVERED
	PAD MATERNITY ADHESIVE STRIP W	NOT COVERED
	PAD NONADH4.125X3.125	NOT COVERED
	PAD POST SURG OB 288S	NOT COVERED
	PAD POST SURG OB 288S	NOT COVERED
	PAD POV-IOD IMPREG	NOT COVERED
	PAD SERENITY ULTIMATE MALE	NOT COVERED
	PAD SKIN PROTEC GEL	NOT COVERED
	PAD WITCH HZL 3IN	NOT COVERED
MMT326A	PARADIGM 1.76ML RESERVOIR	COVERED
MMT397	PARADIGM QUICK-SET	COVERED
MMT-326A	PARADIGM RESERVOIR 1.8 ML	COVERED
MMT332A	PARADIGM RESERVOIR 7ML	COVERED
PMV2000	PASSY-MUIR VALVE CLEAR SPEAKING	COVERED
	PEAK FLOW METER	COVERED
	PEDIASURE CHOC LIQUID	COVERED; If Sole source of Nutrition
	PEDIASURE INST BANANA LIQ 24 X8 OZ	COVERED; If Sole source of Nutrition
	PEDIASURE INST CHOC LIQ 24X8OZ	COVERED; If Sole source of Nutrition
	PEDIASURE INST STRAWBERRY LIQ 24X8 OZ	COVERED; If Sole source of Nutrition
	PEDIASURE INST VAN LIQ 24X8 OZ	COVERED; If Sole source of Nutrition
	PEDIASURE VANILLA 24'S	COVERED; If Sole source of Nutrition
	PEDIASURE W/FIBER VANI	COVERED; If Sole source of Nutrition
	PEDISURE ENTERAL FORMULA W/FIBER 8OZ	COVERED; If Sole source of Nutrition
	PEPTAMEN 1.5 UNFLAV LIQ 24X250ML	NOT COVERED
	PEPTAMEN 1.5 VAN LIQ 24X250 ML	NOT COVERED
	PEPTAMEN JR CHLD VAN LIQ	NOT COVERED
	PEPTAMEN OS 1.5 VANILLA 27X237 ML	NOT COVERED
	PERI-PAD VERSALON WINGED	NOT COVERED
	PHENYL FREE 2 PWD 16 OZ	NOT COVERED
	PINK TAPE 1 1/2 INCH	NOT COVERED
	POISE PAD THIN LT/MOD	NOT COVERED
	POISE PAD ULTRA PLUS ABS PAD 4X52	NOT COVERED
	POISE PADS W/SH 9PG/14	NOT COVERED
	POISE PADS W/SH 9PG/14	NOT COVERED
	POLYMEM PAD DRESSING 4 X 4 N	NOT COVERED
H0NUD3401506	POUCH 1-1/2 10"	COVERED

	POUCH 1-1/2" #0256-40	COVERED
	POUCH 1-1/2" MINI	COVERED
H86400X	POUCH 1-1/2" UROSTOMY	COVERED
	POUCH 1-1/4" W/SKINBAR	COVERED
18122	POUCH 1-3/4 10" OPAQUE	COVERED
401512	POUCH 1-3/4 INCH OP W/FL 2-PC DRN	COVERED
3812	POUCH 1-3/4" SUR-FIT	COVERED
401544	POUCH 1-3/4" UROSTOMY	COVERED
401935	POUCH 2-1/4"	COVERED
413335	POUCH 2-1/4" SUR-FIT	COVERED
401545	POUCH 2-1/4" UROSTOMY	COVERED
18313	POUCH 7 1/2IN CLSD W/2 1/4IN F	COVERED
H380400	POUCH 70MM 2 3/4" OPEN	COVERED
14342	POUCH ASSURA AC DRNABLE EZ CLOSE MI	COVERED
1517014359	POUCH ASSURA LG 2 3/4IN 70MM	COVERED
H022751	POUCH DRAIN W/STOMA	COVERED
8551	POUCH DRAINABLE 2 1/2IN X 12 I	COVERED
18113	POUCH DRNBL W/BARRIER 1 3/4IN	COVERED
88700	POUCH MINI DRAINABLE 2-1/8 BEIGE LOCK'N	COVERED
18412	POUCH NEW IMAGE	COVERED
82300	POUCH ONE PIECE CLOSED 9IN TAP	COVERED
400598	POUCH ONE PIECE DRAIN 12-12.5I	COVERED
008531	POUCH ONE PIECE DRAIN 12IN CLE	COVERED
12802	POUCH POST OP ASSURA 1 PC 3 7/8	COVERED
11124	POUCH SENSURA MAXI DRAINABLE 11 1/2 IN	COVERED
409282	POUCH TWO PIECE CLOSED 9-9.5IN	COVERED
18374	POUCH TWO PIECE CLOSED 9IN OPA	COVERED
8462	POUCH UROSTOMY ONE PIECE 9-9.5	COVERED
H863000	POUCH W/MICROSKIN	COVERED
	POWDER PREMIUM 1 OZ PUFF BOTTLE	NOT COVERED
	PRECISION XTRA TEST STRIPS	COVERED
8735	PREMIER 2PC CONVEX BARR 1 1/8I	COVERED
8745	PRM CPL 2PC PS BARR 29MM	COVERED
84711	PRM CTF URO CNVX 51MM	COVERED
036721	PROGESTIMIL FORMULA POWDER 6 CANS/CS	COVERED; If Sole source of Nutrition
HPG004	PROMOGRAN MATRIX WOUND DRESSIN	COVERED
PG004	PROMOGRAN MATRIX WOUND DRESSIN	COVERED
51148	PRO-PHREE POWDER	COVERED
MMT399	QUICK SET PARADIGM 23IN X 6MM	COVERED
MMT395	QUICK-SERTER INFUSION	COVERED
	RAISED TOILET SEAT	COVERED
	REDI-BATH 8PK	NOT COVERED
H159712	SAF-CLENS WOUND CLEANSER	NOT COVERED
1391AP	SEAT TOILET RAISED W/ARM CLAMP	COVERED
012424	SECUR-LOK EXTENSION SET W/BBLUE	COVERED
12424	SECUR-LOK EXTENSION SET W/BBLUE	COVERED
H582	SELF- CATH, COUDE TIP, LATEX-F	COVERED
	SENSATRAC MED GRANUFOAM DRESSING	NOT COVERED

15821	SENSURA ONE PIECE 3/8 - 3 POUCH CUT-TO-F	NOT COVERED
	SERENITY PADS 24'S	NOT COVERED
	SET ENEMA BUCKET/BAG	NOT COVERED
773621	SET ENTERAL PUMP KANGAROO 924	COVERED
	SHOWER CHAIR	NOT COVERED
	SHOWER CHAIR W/O BACK	NOT COVERED
	SIMILAC SENSITIVE R.S. RTF 32 OZ BOTTLE	NOT COVERED
	SKIN BARRIERS, ADHESIVE REMOVE	NOT COVERED
	SKIN CARE OSTOMY ADH REMOVER 2	NOT COVERED
	SKIN CARE OSTOMY PASTE 2OZ TB	NOT COVERED
	SKIN PREP 50S	NOT COVERED
	SKIN-BOND(R) CEMENT ADHESIVE,	NOT COVERED
	SODUIM CHL PREFILLED SYRINGE	NOT COVERED
	SOFTFLEX	NOT COVERED
F40565011527	SOLOSITE(R) WOUND GEL 3 OZ. T	COVERED
	SPECCONT DELUXE OR STRL 4OZ-	COVERED
NON256001	SPNG,NONWVN,DRAIN,IV,2INX2IN,S	COVERED
	SPONGE 2X2 STR	COVERED
	SPONGE 4X4 TRAY	COVERED
	SPONGE 4X4" STR	COVERED
	SPONGE IV 2X2 6PLY 2S STERILE	COVERED
	SPONGE SURG 2X2" UNST	COVERED
	SPONGE SURG 4X4" UNST	COVERED
NON256000	SPONGE,NONWVN,DRAIN,4X4,STER	COVERED
FOL0102	STATLOCK FOLEY SWIVEL SILICONE	COVERED
685ME	STAYFIX FASTENER DEVICE LARGE	COVERED
	STOCKINET 25YDX4 25S	COVERED
7740	STOMA LUBRICANT 4 OZ	COVERED
	STOMA POWDER #0255-10	COVERED
H0NUD325542	STOMAHESIVE STRIPS	COVERED
14604	STOMAHESIVE WAFER	COVERED
MX521	STOPCOCK IV 4-WAY	COVERED
DYND40980	SUCTION CATH,10FR, MINITRAY, 2	COVERED
DYND50211	SUCTION CONN TUBE 3/16X20 S	COVERED
	SUNSCREEN SPF-35 4 OZ BOTTLE E	NOT COVERED
401527	SUR-FIT NATURA CLOSED END POUCC	COVERED
401532	SUR-FIT NATURA MINI POUCH 2 SI	COVERED
125992	SURFIT-NATURA DURAHESIVE FLEXI	COVERED
	SURGICAL TAPE SOFT CTH 3 IN X 10 YD	COVERED
	SUTURE REMOVAL KIT	COVERED
	SYRINGE 1/2CC INSULIN	COVERED
	SYRINGE 10CC,LUER LOCK	COVERED
	SYRINGE 1CC SLIP TIP	COVERED
	SYRINGE 1CCX25GAX5/8"	COVERED
	SYRINGE 20CC LUER LOCK	COVERED
	SYRINGE 3CC 25GA 1	COVERED
	SYRINGE 3CC LUER LOCK	COVERED
	SYRINGE 60CC W/2 OZ CATHETER TIP	COVERED
	SYRINGE 60CC,LUER LOCK	COVERED

	SYRINGE HYPODERMIC PLASTIC 20M	COVERED
	SYRINGE ORAL MEDICATION GRADUA	COVERED
	SYRINGE, 5ML, ORAL MEDICATION	COVERED
	TAPE 1" MICROFOAM	NOT COVERED
	TAPE 1" PAPER	NOT COVERED
	TAPE 1/2" DERMACIL	NOT COVERED
	TAPE 2" DERMACIL	NOT COVERED
	TAPE 2" PAPER	NOT COVERED
	TAPE 3" DERMACIL	NOT COVERED
	TAPE 3" PAPER	NOT COVERED
	TAPE HYPO TRANSPO 1"	NOT COVERED
	TAPE PINK 1 INCH	NOT COVERED
	TAPE SURGICAL 2 X 11 MEFIX	NOT COVERED
	TAPE SURGICAL ADHESIVE ELASTIC	NOT COVERED
	TAPE, ADH SILK SUR 1"	NOT COVERED
	TEGADERM 2-38	NOT COVERED
	TEGASORB THIN 4X4 DRESSNG	NOT COVERED
	TELFA PAD 2X3	NOT COVERED
	THERMACARE ARTH HND/WRIST	NOT COVERED
	THERMACARE BACK LG/XLG	NOT COVERED
	THERMACARE NECK/ARM	NOT COVERED
	TISSUE FACIAL	NOT COVERED
	TOILET SEAT ADJUSTABLE HEIGHT	NOT COVERED
	TOOTH SWAB PLUS BICARB INDIVIDUAL	NOT COVERED
	TRACH CLEANING TRAY	COVERED
H0GXP4240	TRACH TUBE HOLDER,DALE	COVERED
221246SS	TRACHEAL TUBE JACKSON SHORT SIZE 5	COVERED
TTH1001	TRACHEOSTOMY TUBE HOLDER LAXTEX FREE	COVERED
909	TRACOE TRACHEOSTOMA COVER LG	COVERED
	TRANQUILITY PULL UPS MAXIMUM PROTECT XS	NOT COVERED
	TRANSFER BENCH PADDED ADJUSTABLE	NOT COVERED
4A5144	TRAY URETHRAL CATHETER 14FR MA	COVERED
63814	TRAY URETHRAL CATHETER 14FR MA	COVERED
H000720	TRIFUNEL GASTROST TUBE	COVERED
209368	TUBE FEEDING CORFLO-ULTRA NWT STYLT	COVERED
01201420	TUBE GASTROSTOMY 14FR 2.0 SHAFT LENGTH	COVERED
01201625	TUBE GASTROSTOMY 16FR 2.5 SHAF	COVERED
	TUBING 5MM X 10' CLEAR N-COND	COVERED
50890	TUBING DELIVERY SET 1200ML INFINITY IN	COVERED
	TUBING SUCTION NONCONDUCTIVE B	COVERED
DYND50216	TUBING, SUCTION, CONNECTING, S	COVERED
	TUCKABLES	NOT COVERED
	UNDERWEAR PROTECTIVE PULL-UP LG	NOT COVERED
	UNDERWEAR PROTECTIVE PULL-UP X-LARGE	NOT COVERED
	UNI-SOLVE PAD REMOVER	NOT COVERED
	URINAL M PAT PLT 50S	NOT COVERED
9357	URINARY LEG BAG AND TUBING SYSTEM 30 OZ	COVERED
7088SPKM	URINE BAG STADIUM PAL KIT	COVERED
	VOLTAGE ADAPTER (6V)	NOT COVERED

401574	WAFER 1-1/2" 0256-10	NOT COVERED
4131-54	WAFER 1-1/2" DURAHESIV	NOT COVERED
	WAFER 1-3/4" #0225-22	NOT COVERED
401575	WAFER 1-3/4" #0256-11	NOT COVERED
401306	WAFER 1-3/4" DURAHESIV	NOT COVERED
H14603	WAFER BARRIER FLAT SKIN 1 3/4	NOT COVERED
10011	WAFER CUT-TO-FIT SENSURA 35MM	NOT COVERED
H401901	WAFER DURAHESIVE 1 1/2	NOT COVERED
	WATER FOR IRRIG 16S	NOT COVERED
	WATER FOR IRRIG 16S	NOT COVERED
	WEDGE 24 X 24 INCH	NOT COVERED
	WITCH-HAZEL PAD TUCK	NOT COVERED
H30169208	WOUND DRESSING	NOT COVERED
	XEROFORM 5 X 9"	NOT COVERED
34870	YANKUER SUCTION INSTRUMENT	COVERED