

**TRAUMATIC BRAIN AND SPINAL CORD INJURY WAIVER
DISPOSABLE INCONTINENCE MEDICAL SUPPLIES FEE SCHEDULE**

The codes listed below are billable under the Durable Medical Equipment (DME) and Medical Supplies State Plan Program for recipients under 21 years of age. For recipients under age 21, providers must bill the DME State Plan Program up to the maximum limit before billing the waiver for these codes. For recipients over age 21, the provider may bill the waiver for these codes using the code plus the waiver modifier. Reimbursement for these codes under the waiver is counted towards the total allowable reimbursement for medical supplies established under the waiver.

CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4310	UA	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	\$4.03	2	\$96.72	24	per year
A4314	UA	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	\$10.67	2	\$256.08	24	per year
A4315	UA	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	\$10.67	2	\$256.08	24	per year
A4316	UA	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	\$10.67	2	\$256.08	24	per year
A4320	UA	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	\$4.90	31	\$1,822.80	372	per year
A4322	UA	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, EACH	\$2.15	31	\$799.80	372	per year
A4326	UA	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	\$8.34	31	\$3,102.48	372	per year
A4327	UA	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP, EACH	\$16.10	1	\$16.10	1	per year
A4328	UA	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	\$5.00	2	\$120.00	24	per year
A4330	UA	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	\$5.19	31	\$1,930.68	372	per year

*Enter MOD 1 only when billing the waiver. Do not enter MOD 1 when billing state plan Durable Medical Equipment and Medical Supply Program services.

Note: (DOS) = Date of Service

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4335	UA	INCONTINENCE SUPPLY; MISCELLANEOUS	\$19.40	1	\$232.80	12	per year
A4338	UA	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	\$6.16	3	\$221.76	36	per year
A4340	UA	INDWELLING CATHETER; SPECIALTY TYPE, EG., COUDE, MUSHROOM, WING, ETC., EACH	\$6.69	3	\$240.84	36	per year
A4344	UA	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	\$5.34	3	\$192.24	36	per year
A4346	UA	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	\$8.73	3	\$314.28	36	per year
A4354	UA	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	\$3.88	3	\$139.68	36	per year
A4355	UA	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	\$2.52	4	\$120.96	48	per year
A4356	UA	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	\$34.92	1	\$34.92	1	per year
A4554	UA	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUXS)	\$0.34	150	\$612.00	1800	per year
A5102	UA	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	\$6.69	1	\$13.38	2	per year
A5105	UA	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	\$14.40	1	\$28.80	2	per year

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A5113	UA	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	\$4.48	1	\$17.92	4	per year
A5114	UA	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	\$5.53	1	\$22.12	4	per year
A5126	UA	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	\$0.63	20	\$151.20	240	per year
A5200	UA	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	\$8.62	3	\$310.32	36	per year

The codes listed below are billable under the Durable Medical Equipment (DME) and Medical Supplies State Plan Program for recipients 4 to 20 years of age. For recipients under age 21, providers must bill the DME State Plan Program up to the maximum limit before billing the waiver for these codes. Reimbursement for these codes under the waiver is counted towards the total allowable reimbursement for medical supplies established under the waiver.

CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS) ¹	YEARLY TOTAL	LIMITS	PER
T4521	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	\$0.63	1	\$1,512.00	200	per month ¹
T4522	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	\$0.69	1	\$1,656.00	200	per month ¹
T4523	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	\$0.80	1	\$1,920.00	200	per month ¹
T4524	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	\$0.90	1	\$2,160.00	200	per month ¹
T4525	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	\$0.78	1	\$1,872.00	200	per month ¹
T4526	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	\$0.85	1	\$2,040.00	200	per month ¹
T4527	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	\$0.94	1	\$2,256.00	200	per month ¹
T4528	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	\$1.02	1	\$2,448.00	200	per month ¹
T4529	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	\$0.53	1	\$1,272.00	200	per month ¹

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS) ¹	YEARLY TOTAL	LIMITS	PER
T4530	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	\$0.58	1	\$1,392.00	200	per month ¹
T4531	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL- ON, SMALL/MEDIUM SIZE, EACH	\$0.69	1	\$1,656.00	200	per month ¹
T4532	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	\$0.75	1	\$1,800.00	200	per month ¹
T4533	UA	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	\$0.65	1	\$1,560.00	200	per month ¹
T4534	UA	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	\$0.84	1	\$2,016.00	200	per month ¹
T4535	UA	DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH	\$0.44	1	\$1,056.00	200	per month ¹
T4543	UA	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	\$1.52	1	\$3,648.00	200	per month ¹

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1. The 200 units limit per month is for ANY COMBINATION of DISPOSABLE INCONTINENCE PRODUCT (T-Codes)

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4311	UA	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	\$4.46	3	\$160.56	36	per year
A4312	UA	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	\$15.81	3	\$569.16	36	per year
A4313	UA	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	\$10.39	3	\$374.04	36	per year
A4331	UA	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	\$1.68	31	\$624.96	372	per year
A4332	UA	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	\$0.10	200	\$240.00	200	per month
A4333	UA	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	\$2.43	31	\$903.96	31	per month
A4349	UA	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	\$1.66	35	\$697.20	35	per month
A4351	UA	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	\$1.60	186	\$ 3,571.20	186	per month
A4352	UA	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH	\$1.84	186	\$4,106.88	186	per month

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A4353	UA	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES (Note: Medicaid's coverage is for a sterile intermittent catheter kit, packaged by the product manufacturer, to be used for self-catheterization)	\$5.33	186	\$11,896.56	186	per month
A4357	UA	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	\$7.76	2	\$186.24	24	per year
A4358	UA	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	\$3.40	5	\$204.00	60	per year
A4361	UA	OSTOMY FACEPLATE, EACH	\$17.52	1	\$210.24	12	per year
A4362	UA	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	\$2.91	20	\$698.40	240	per year
A4363	UA	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.) POWDER OR PASTE; PER OZ.	\$4.14	12	\$596.16	144	per year
A4364	UA	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	\$2.13	4	\$102.24	48	per year
A4365	UA	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50	\$8.64	2	\$207.36	2	per month
A4367	UA	OSTOMY BELT, EACH	\$5.61	1	\$67.32	12	per year
A4368	UA	OSTOMY FILTER, ANY TYPE, EACH	\$0.20	200	\$480.00	200	per month
A4369	UA	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ	\$1.84	12	\$264.96	144	per year
A4371	UA	OSTOMY SKIN BARRIER, POWDER, PER OZ	\$2.78	12	\$400.32	144	per year

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A4372	UA	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, WITH BUILT-IN CONVEXITY, EACH	\$3.18	20	\$763.20	240	per year
A4373	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	\$4.79	31	\$1,781.88	372	per year
A4375	UA	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$13.10	10	\$1,572.00	10	per month
A4376	UA	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$36.30	10	\$4,356.00	10	per month
A4377	UA	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	\$3.27	10	\$392.40	10	per month
A4378	UA	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	\$23.46	10	\$2,815.20	10	per month
A4379	UA	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$11.46	10	\$1,375.20	10	per month
A4380	UA	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$28.48	20	\$6,835.20	240	per year
A4381	UA	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	\$3.52	10	\$422.40	10	per month
A4382	UA	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	\$18.78	10	\$2,253.60	10	per month
A4383	UA	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	\$21.51	10	\$2,581.20	10	per month
A4384	UA	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	\$7.34	10	\$880.80	10	per month
A4385	UA	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	\$3.88	10	\$465.60	10	per month

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4387	UA	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$3.06	10	\$367.20	10	per month
A4388	UA	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	\$3.32	10	\$398.40	10	per month
A4389	UA	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$4.74	10	\$568.80	10	per month
A4390	UA	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$7.33	10	\$879.60	10	per month
A4391	UA	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	\$5.39	10	\$646.80	10	per month
A4392	UA	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$5.07	10	\$608.40	10	per month
A4393	UA	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$7.00	10	\$840.00	10	per month
A4394	UA	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	\$1.96	10	\$94.08	4	per month
A4395	UA	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	\$0.04	31	\$14.88	31	per month
A4396	UA	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	\$30.89	2	\$741.36	2	per month
A4397	UA	IRRIGATION SUPPLY; SLEEVE, EACH	\$3.94	10	\$472.80	120	per year

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A4398	UA	OSTOMY IRRIGATION SUPPLY; BAG, EACH	\$23.28	2	\$558.72	24	per year
A4399	UA	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	\$5.82	1	\$11.64	2	per year
A4400	UA	OSTOMY IRRIGATION SET	\$31.70	1	\$190.20	6	per year
A4402	UA	LUBRICANT, PER OUNCE	\$1.35	4	\$64.80	48	per year
A4404	UA	OSTOMY RING, EACH	\$1.29	31	\$479.88	372	per year
A4405	UA	OSTOMY SKIN BARRIER, NONPECTIN-BASED, PASTE, PER OUNCE	\$2.18	12	\$313.92	144	per year
A4406	UA	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	\$3.67	12	\$528.48	144	per year
A4407	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	\$5.61	31	\$2,086.92	372	per year
A4408	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	\$6.32	31	\$2,351.04	372	per year
A4409	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	\$3.98	31	\$1,480.56	372	per year
A4410	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	\$5.78	31	\$2,150.16	372	per year

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A4411	UA	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	\$5.25	31	\$1,953.00	372	per year
A4412	UA	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	\$3.00	31	\$1,116.00	31	per month
A4413	UA	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH	\$3.52	10	\$422.40	10	per month
A4414	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	\$3.15	31	\$1,171.80	372	per year
A4415	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	\$3.84	31	\$1,428.48	372	per year
A4416	UA	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$1.76	31	\$654.72	31	per month
A4417	UA	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	\$2.38	31	\$885.36	31	per month
A4418	UA	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$1.16	31	\$431.52	31	per month
A4420	UA	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$1.28	31	\$476.16	31	per month
A4421	UA	OSTOMY SUPPLY; MISCELLANEOUS	\$7.76	1	\$93.12	12	per year
A4423	UA	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	\$1.28	31	\$476.16	31	per month
A4424	UA	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$3.04	31	\$1,130.88	31	per month

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A4425	UA	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	\$2.29	31	\$851.88	372	per year
A4426	UA	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	\$1.51	31	\$561.72	372	per year
A4427	UA	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	\$1.89	31	\$703.08	372	per year
A4428	UA	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	\$4.17	31	\$1,551.24	372	per year
A4429	UA	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	\$4.82	31	\$1,793.04	372	per year
A4430	UA	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	\$5.46	31	\$2,031.12	372	per year
A4431	UA	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	\$3.25	31	\$1,209.00	31	per month
A4432	UA	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	\$2.30	31	\$855.60	31	per month
A4433	UA	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$2.14	31	\$796.08	31	per month
A4434	UA	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	\$2.41	31	\$896.52	372	per year

*Enter MOD 1 only when billing the waiver. Do not enter MOD 1 when billing state plan Durable Medical Equipment and Medical Supply Program services.

Continued: The codes listed below are billable under the Durable Medical Equipment (DME) and Medical Supplies State Plan Program for all recipients. Providers must bill the DME State Plan Program up to the maximum limit before billing the waiver for these codes. Reimbursement for these codes under the waiver is counted towards the total allowable reimbursement for medical supplies established under the waiver.

CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4450	UA	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	\$0.30	200	\$720.00	2400	per year
A4452	UA	TAPE, WATERPROOF, PER 18 SQUARE INCHES	\$0.40	200	\$960.00	2400	per year
A4455	UA	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	\$1.16	4	\$55.68	48	per year
A4927	UA	GLOVES, NON-STERILE, PER 100	\$4.00	4	\$192.00	48	per year
A4930	UA	GLOVES, STERILE, PER PAIR	\$0.34	100	\$408.00	1200	per year
A5051	UA	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	\$1.66	31	\$617.52	372	per year
A5052	UA	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$1.27	31	\$472.44	372	per year
A5053	UA	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	\$1.28	31	\$ 476.16	372	per year
A5054	UA	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	\$1.28	31	\$476.16	372	per year
A5055	UA	STOMA CAP	\$1.21	31	\$450.12	31	per month
A5061	UA	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	\$2.18	31	\$810.96	372	per year
A5062	UA	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$1.89	31	\$703.08	372	per year
A5063	UA	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	\$1.89	31	\$703.08	372	per year
A5071	UA	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	\$2.82	31	\$1,049.04	372	per year

*Enter MOD 1 only when billing the waiver. Do not enter MOD 1 when billing state plan Durable Medical Equipment and Medical Supply Program services.

Continued: The codes listed below are billable under the Durable Medical Equipment (DME) and Medical Supplies State Plan Program for all recipients. Providers must bill the DME State Plan Program up to the maximum limit before billing the waiver for these codes. Reimbursement for these codes under the waiver is counted towards the total allowable reimbursement for medical supplies established under the waiver.

CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A5072	UA	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$2.29	31	\$851.88	372	per year
A5073	UA	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	\$2.09	31	\$777.48	372	per year
A5081	UA	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	\$2.51	1	\$15.06	6	per year
A5082	UA	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	\$7.71	1	\$46.26	6	per year
A5093	UA	OSTOMY ACCESSORY; CONVEX INSERT	\$1.55	10	\$186.00	120	per year
A5112	UA	URINARY LEG BAG; LATEX	\$26.42	1	\$317.04	12	per year
A5120	UA	SKIN BARRIER, WIPES OR SWABS, EACH	\$0.17	50	\$102.00	600	per year
A5121	UA	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	\$4.84	10	\$580.80	120	per year
A5122	UA	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	\$9.81	10	\$1,177.20	120	per year
A5131	UA	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	\$10.28	3	\$370.08	36	per year

*Enter MOD 1 only when billing the waiver. Do not enter MOD 1 when billing state plan Durable Medical Equipment and Medical Supply Program services.

The codes listed below are billable under the waiver for recipients of all ages. The codes are not billable under the Medicaid Durable Medical Equipment (DME) and Medical Supplies State Plan Program. Reimbursement for these codes under the waiver is counted towards the total allowable reimbursement for medical supplies established under the waiver.

CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4419	UA	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER	\$1.39	1	\$517.08	31	per month
S5199	UA	PERSONAL CARE ITEM, NOS, EACH	By Invoice	See waiver for policy rules and limits			

The codes listed below are billable under the Durable Medical Equipment (DME) and Medical Supplies State Plan Program for recipients 4 to 20 years of age. For recipients under age 21, providers must bill the DME State Plan Program up to the maximum limit before billing the waiver for these codes. Reimbursement for these codes under the waiver is counted towards the total allowable reimbursement for medical supplies established under the waiver.

CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS) ¹	YEARLY TOTAL	LIMITS	PER
T4521	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	0.63	1	\$1,512.00	200	per month ¹
T4522	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	0.69	1	\$1,656.00	200	per month ¹
T4523	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	0.80	1	\$1,920.00	200	per month ¹
T4524	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	0.90	1	\$2,160.00	200	per month ¹
T4525	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	0.78	1	\$1,872.00	200	per month ¹

Continued: The codes listed below are billable under the Durable Medical Equipment (DME) and Medical Supplies State Plan Program for recipients 4 to 20 years of age. For recipients under age 21, providers must bill the DME State Plan Program up to the maximum limit before billing the waiver for these codes. Reimbursement for these codes under the waiver is counted towards the total allowable reimbursement for medical supplies established under the waiver.

CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS) ¹	YEARLY TOTAL	LIMITS	PER
T4526	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	\$0.85	1	\$2,040.00	200	per month ¹
T4527	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	\$0.94	1	\$2,256.00	200	per month ¹
T4528	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	\$1.02	1	\$2,448.00	200	per month ¹
T4529	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	\$0.53	1	\$1,272.00	200	per month ¹
T4530	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	\$0.58	1	\$1,392.00	200	per month ¹
T4531	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL- ON, SMALL/MEDIUM SIZE, EACH	\$0.69	1	\$1,656.00	200	per month ¹
T4532	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	\$0.75	1	\$1,800.00	200	per month ¹
T4533	UA	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	\$0.65	1	\$1,560.00	200	per month ¹
T4534	UA	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	\$0.84	1	\$2,016.00	200	per month ¹

Continued: The codes listed below are billable under the Durable Medical Equipment (DME) and Medical Supplies State Plan Program for recipients 4 to 20 years of age. For recipients under age 21, providers must bill the DME State Plan Program up to the maximum limit before billing the waiver for these codes. Reimbursement for these codes under the waiver is counted towards the total allowable reimbursement for medical supplies established under the waiver.

CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS) ¹	YEARLY TOTAL	LIMITS	PER
T4535	UA	DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH	0.44	1	\$1,056.00	200	per month ¹
T4543	UA	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	1.52	1	\$3,648.00	200	per month ¹

*Enter MOD 1 only when billing the waiver. Do not enter MOD 1 when billing state plan Durable Medical Equipment and Medical Supply Program services.

1. The 200 units limit per month is for ANY COMBINATION of DISPOSABLE INCONTINENCE PRODUCT (T-Codes)

Note: (DOS) = Date of Service

Note to Waiver Providers: Florida Medicaid's state plan durable medical equipment products and services must be accessed before accessing DME through the waiver. To see what items or codes are covered by Medicaid's state plan DME program, please visit <http://www.mymedicaid-florida.com/>. Click on **Public Information for Providers**. Then click on **Provider Support**. Under provider support, chose **Fee Schedules**. Select Durable Medical Equipment. Please note there are two fee schedules: one for all ages and one for under 21 only.

Traumatic Brain and Spinal Cord Injury Waiver Quality Standards

Minimum Quality Standards for Briefs and Diapers v12-01-11

Size	Minimum Length ⁽²⁾	Minimum Width ⁽³⁾	Waist Range	Rate Of Absorbency (ROA)	Rewet	Capacity
				≤	≤	≥
	inches	inches	inches	seconds	grams	grams
Youth	21.0	15.0	15 - 22"	65.0	4.0	900
Small	26.0	17.5	20 - 31"	65.0	4.0	1,100
Medium	31.0	24.0	32 - 44"	65.0	6.0	1,400
Regular	33.0	27.0	40 - 48"	65.0	6.0	1,400
Large	36.5	29.5	45 - 58"	65.0	6.0	1,700
Extra Large	38.0	31.0	56 - 64"	65.0	6.0	1,700
Extra Extra Large	38.0	33.5	62 - 67"	65.0	6.0	1,700

Notes

- ⁽¹⁾ To qualify for reimbursement, products need to meet or exceed two of the three performance standards and be within 15% of the third standard.
- ⁽²⁾ Measured by cutting leg elastic and stretching flat.
- ⁽³⁾ Measured at non-tape end.

Universal Requirements

1. Designed with wetness indicator visible on the outside of the brief.
2. Designed with a side closure system (if tape tab, minimum of 2 per size and width $\geq 5/8$ ").
3. Designed with multi-elastic leg gathers.
4. Backing is waterproof.

Minimum Quality Standards for Pads, Inserts, Shields v12-01-11

Product Performance		
ROA	Rewet	Capacity
≤	≤	≥
- na -	- na -	250

The products must have one of the following attributes:

1. Embossed or channeled absorbent mat
2. Elastic gathers
3. Super absorbent polymer
4. Waterproof backing

This is the Minimum Quality Standards for Pads, Inserts, Shields; providers must supply products that meet the medical needs of the beneficiary, including moderate and heavy needs.

Providers should inquire with the products' manufacturer to insure that their products, at a minimum, meet the above quality standards.

Traumatic Brain and Spinal Cord Injury Waiver Quality Standards

Minimum Quality Standards for Underpads v12-01-11

Total Capacity (grams)	ROA (seconds)	Rewet (grams)
700	300	15

To qualify for reimbursement, products must meet or exceed 2 standards and be within 15% of the third standard.

Minimum Quality Standards for Protective Underwear v12-01-11

			Product Performance ⁽¹⁾		
Size	Minimum Inside Width ⁽²⁾	Minimum Length ⁽³⁾	ROA	Rewet	Capacity
			≤	≤	≥
	inches	inches	seconds	grams	grams
Small	18	23	60.0	2.0	900
Medium	22	28	60.0	2.0	1,000
Large	27	31	60.0	2.0	1,100
Extra Large	31	32	60.0	2.0	1,200

Universal Requirements

1. Designed with a continuous elasticized waistband and side panels.
2. Designed with multi-elastic leg gathers
3. Backing is waterproof

Providers should inquire with the products' manufacturer to insure that their products, at a minimum, meet the above quality standards.