

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

This fee schedule should be used in conjunction with the Florida Medicaid Traumatic Brain and Spinal Cord Injury Waiver Services Coverage and Limitations Handbook, incorporated by reference in Rule 59G-13.130, F.A.C. Reimbursement for these codes under the waiver is counted toward the total allowable reimbursement for medical supplies established under the waiver.

CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
The codes listed below are also billable under the Medicaid durable medical equipment (DME) and medical supplies state plan services. Providers must bill the DME state plan services up to the maximum limit before billing the waiver for these codes.						
Recipients ages 18 years through 20 years						
A4310	UA	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	2	4.03	24 per year	96.72
A4314	UA	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)	2	10.67	24 per year	256.08
A4315	UA	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	2	10.67	24 per year	256.08
A4316	UA	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	2	10.67	24 per year	256.08
A4320	UA	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	31	4.90	372 per year	1,822.80
A4322	UA	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, EACH	31	2.15	372 per year	799.80
A4326	UA	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	31	8.34	372 per year	3,102.48
A4327	UA	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP, EACH	1	16.10	1 per year	16.10
A4328	UA	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	2	5.00	24 per year	120.00
A4330	UA	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	31	5.19	372 per year	1,930.68
A4335	UA	INCONTINENCE SUPPLY; MISCELLANEOUS	1	19.40	12 per year	232.80
A4338	UA	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	3	6.16	36 per year	221.76
A4340	UA	INDWELLING CATHETER; SPECIALTY TYPE (E.G., COUDE, MUSHROOM, WING, ETC.), EACH	3	6.69	36 per year	240.84
A4344	UA	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	3	5.34	36 per year	192.24
A4346	UA	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	3	8.73	36 per year	314.28

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

CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
A4354	UA	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	3	3.88	36 per year	139.68
A4355	UA	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	4	2.52	48 per year	120.96
A4356	UA	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	1	34.92	1 per year	34.92
A4554	UA	DISPOSABLE UNDERPADS, ALL SIZES (E.G., CHUX'S)	150	0.34	1,800 per year	612.00
A5102	UA	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	1	6.69	2 per year	13.38
A5105	UA	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	1	14.40	2 per year	28.80
A5113	UA	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	1	4.48	4 per year	17.92
A5114	UA	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	1	5.53	4 per year	22.12
A5126	UA	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	20	0.63	240 per year	151.20
A5200	UA	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	3	8.62	36 per year	310.32
T4521	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	1	0.63	200 per month*	1,512.00
T4522	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	1	0.69	200 per month*	1,656.00
T4523	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	1	0.80	200 per month*	1,920.00
T4524	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	1	0.90	200 per month*	2,160.00
T4525	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	1	0.78	200 per month*	1,872.00
T4526	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	1	0.85	200 per month*	2,040.00
T4527	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	1	0.94	200 per month*	2,256.00
T4528	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	1	1.02	200 per month*	2,448.00
T4529	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	1	0.53	200 per month*	1,272.00
T4530	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	1	0.58	200 per month*	1,392.00

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CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
T4531	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	1	0.69	200 per month*	1,656.00
T4532	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	1	0.75	200 per month*	1,800.00
T4533	UA	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	1	0.65	200 per month*	1,560.00
T4534	UA	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	1	0.84	200 per month*	2,016.00
T4535	UA	DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH	1	0.44	200 per month*	1,056.00
T4543	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH	1	1.52	200 per month*	3,648.00
T4544	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	1	1.52	200 per month*	3,648.00
Recipients ages 18 years and older**						
A4311	UA	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)	3	4.46	36 per year	160.56
A4312	UA	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	3	15.81	36 per year	569.16
A4313	UA	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	3	10.39	36 per year	374.04
A4331	UA	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	31	1.68	372 per year	624.96
A4332	UA	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	200	0.10	200 per month*	240.00
A4333	UA	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	31	2.43	31 per month	903.96
A4349	UA	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	35	1.66	35 per month	697.20
A4351	UA	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	186	1.60	186 per month	3,571.20
A4352	UA	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH	186	1.84	186 per month	4,106.88

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CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
A4353	UA	INTERMITTENT URINARY CATHERTER, WITH INSERTION SUPPLIES***	186	5.33	186 per month	11,896.56
A4357	UA	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	2	7.76	24 per year	186.24
A4358	UA	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	5	3.40	60 per year	204.00
A4361	UA	OSTOMY FACEPLATE, EACH	1	17.52	12 per year	210.24
A4362	UA	SKIN BARRIER; SOLID, 4 x 4 OR EQUIVALENT; EACH	20	2.91	240 per year	698.40
A4363	UA	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.) POWDER OR PASTE; PER OZ.	12	4.14	144 per year	596.16
A4364	UA	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	4	2.13	48 per year	102.24
A4365	UA	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50	2	8.64	2 per month	207.36
A4367	UA	OSTOMY BELT, EACH	1	5.61	12 per year	67.32
A4368	UA	OSTOMY FILTER, ANY TYPE, EACH	200	0.20	200 per month*	480.00
A4369	UA	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ	12	1.84	144 per year	264.96
A4371	UA	OSTOMY SKIN BARRIER, POWDER, PER OZ	12	2.78	144 per year	400.32
A4372	UA	OSTOMY SKIN BARRIER, SOLID 4 x 4 OR EQUIVALENT, WITH BUILT-IN CONVEXITY, EACH	20	3.18	240 per year	763.20
A4373	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	31	4.79	372 per year	1,781.88
A4375	UA	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	10	13.10	10 per month	1,572.00
A4376	UA	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	10	36.30	10 per month	4,356.00
A4377	UA	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	10	3.27	10 per month	392.40
A4378	UA	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	10	23.46	10 per month	2,815.20
A4379	UA	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	10	11.46	10 per month	1,375.20
A4380	UA	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	20	28.48	240 per year	6,835.20
A4381	UA	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	10	3.52	10 per month	422.40
A4382	UA	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	10	18.78	10 per month	2,253.60
A4383	UA	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	10	21.51	10 per month	2,581.20
A4384	UA	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	10	7.34	10 per month	880.80
A4385	UA	OSTOMY SKIN BARRIER, SOLID 4 x 4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	10	3.88	10 per month	465.60
A4387	UA	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	10	3.06	10 per month	367.20

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CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
A4388	UA	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	10	3.32	10 per month	398.40
A4389	UA	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	10	4.74	10 per month	568.80
A4390	UA	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	10	7.33	10 per month	879.60
A4391	UA	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	10	5.39	10 per month	646.80
A4392	UA	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	10	5.07	10 per month	608.40
A4393	UA	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	10	7.00	10 per month	840.00
A4394	UA	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	10	1.96	4 per month	94.08
A4395	UA	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	31	0.04	31 per month	14.88
A4396	UA	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	2	30.89	2 per month	741.36
A4397	UA	IRRIGATION SUPPLY; SLEEVE, EACH	10	3.94	120 per year	472.80
A4398	UA	OSTOMY IRRIGATION SUPPLY; BAG, EACH	2	23.28	24 per year	558.72
A4399	UA	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	1	5.82	2 per year	11.64
A4400	UA	OSTOMY IRRIGATION SET	1	31.70	6 per year	190.20
A4402	UA	LUBRICANT, PER OUNCE	4	1.35	48 per year	64.80
A4404	UA	OSTOMY RING, EACH	31	1.29	372 per year	479.88
A4405	UA	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	12	2.18	144 per year	313.92
A4406	UA	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	12	3.67	144 per year	528.48
A4407	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 x 4 INCHES OR SMALLER, EACH	31	5.61	372 per year	2,086.92
A4408	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 x 4 INCHES, EACH	31	6.32	372 per year	2,351.04
A4409	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 x 4 INCHES OR SMALLER, EACH	31	3.98	372 per year	1,480.56
A4410	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 x 4 INCHES, EACH	31	5.78	372 per year	2,150.16

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CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
A4411	UA	OSTOMY SKIN BARRIER, SOLID 4 x 4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	31	5.25	372 per year	1,953.00
A4412	UA	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	31	3.00	31 per month	1,116.00
A4413	UA	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH	10	3.52	10 per month	422.40
A4414	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 x 4 INCHES OR SMALLER, EACH	31	3.15	372 per year	1,171.80
A4415	UA	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 x 4 INCHES, EACH	31	3.84	372 per year	1,428.48
A4416	UA	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	31	1.76	31 per month	654.72
A4417	UA	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	31	2.38	31 per month	885.36
A4418	UA	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	31	1.16	31 per month	431.52
A4420	UA	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	31	1.28	31 per month	476.16
A4421	UA	OSTOMY SUPPLY; MISCELLANEOUS	1	7.76	12 per year	93.12
A4423	UA	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	31	1.28	31 per month	476.16
A4424	UA	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	31	3.04	31 per month	1,130.88
A4425	UA	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	31	2.29	372 per year	851.88
A4426	UA	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	31	1.51	372 per year	561.72
A4427	UA	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	31	1.89	372 per year	703.08
A4428	UA	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	31	4.17	372 per year	1,551.24
A4429	UA	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	31	4.82	372 per year	1,793.04
A4430	UA	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	31	5.46	372 per year	2,031.12

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CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
A4431	UA	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	31	3.25	31 per month	1,209.00
A4432	UA	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	31	2.30	31 per month	855.60
A4433	UA	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	31	2.14	31 per year	796.08
A4434	UA	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	31	2.41	372 per year	896.52
A4450	UA	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	200	0.30	2,400 per year	720.00
A4452	UA	TAPE, WATERPROOF, PER 18 SQUARE INCHES	200	0.40	2,400 per year	960.00
A4455	UA	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT, OR OTHER ADHESIVE), PER OUNCE	4	1.16	48 per year	55.68
A4927	UA	GLOVES, NON-STERILE, PER 100	4	4.00	48 per year	192.00
A4930	UA	GLOVES, STERILE, PER PAIR	100	0.34	1,200 per year	408.00
A5051	UA	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	31	1.66	372 per year	617.52
A5052	UA	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	31	1.27	372 per year	472.44
A5053	UA	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	31	1.28	372 per year	476.16
A5054	UA	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	31	1.28	372 per year	476.16
A5055	UA	STOMA CAP	31	1.21	31 per month	450.12
A5061	UA	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	31	2.18	372 per year	810.96
A5062	UA	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	31	1.89	372 per year	703.08
A5063	UA	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	31	1.89	372 per year	703.08
A5071	UA	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	31	2.82	372 per year	1,049.04
A5072	UA	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	31	2.29	372 per year	851.88
A5073	UA	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	31	2.09	372 per year	777.48
A5081	UA	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	1	2.51	6 per year	15.06
A5082	UA	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	1	7.71	6 per year	46.26
A5093	UA	OSTOMY ACCESSORY; CONVEX INSERT	10	1.55	120 per year	186.00
A5112	UA	URINARY LEG BAG; LATEX	1	26.42	12 per year	317.04

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CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
A5120	UA	SKIN BARRIER, WIPES OR SWABS, EACH	50	0.17	600 per year	102.00
A5121	UA	SKIN BARRIER; SOLID, 6 x 6 OR EQUIVALENT, EACH	10	4.84	120 per year	580.80
A5122	UA	SKIN BARRIER; SOLID, 8 x 8 OR EQUIVALENT, EACH	10	9.81	120 per year	1,177.20
A5131	UA	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	3	10.28	36 per year	370.08
The codes listed below are billable under the waiver and not billable under the Medicaid durable medical equipment and medical supplies state plan services.						
Recipients ages 18 years and older						
A4419	UA	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER	1	1.39	31 per month	517.08
S5199	UA	PERSONAL CARE ITEM, NOS, EACH	****	By Invoice	****	****
Recipients ages 21 years and older						
T4521	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	1	0.63	200 per month*	1,512.00
T4522	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	1	0.69	200 per month*	1,656.00
T4523	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	1	0.80	200 per month*	1,920.00
T4524	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	1	0.90	200 per month*	2,160.00
T4525	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	1	0.78	200 per month*	1,872.00
T4526	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	1	0.85	200 per month*	2,040.00
T4527	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	1	0.94	200 per month*	2,256.00
T4528	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	1	1.02	200 per month*	2,448.00
T4529	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	1	0.53	200 per month*	1,272.00
T4530	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	1	0.58	200 per month*	1,392.00

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

CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
T4531	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	1	0.69	200 per month*	1,656.00
T4532	UA	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	1	0.75	200 per month*	1,800.00
T4533	UA	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	1	0.65	200 per month*	1,560.00
T4534	UA	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	1	0.84	200 per month*	2,016.00
T4535	UA	DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH	1	0.44	200 per month*	1,056.00
T4543	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH	1	1.52	200 per month*	3,648.00
T4544	UA	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	1	1.52	200 per month*	3,648.00

*The limit of 200 per month is for ANY COMBINATION of disposable incontinence product (T-codes).

**For recipients over 21 years of age, the provider may bill the waiver for these codes using the code plus the waiver modifier.

***Medicaid's coverage is for a sterile intermittent catheter kit, packaged by the product manufacturer, to be used for self-catheterization.

****See the waiver for policy rules and limits.

Note: For more information on the items and codes that are covered under Florida Medicaid's durable medical equipment and medical supplies state plan services see the Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients and the Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for Medicaid Recipients Under the Age of 21 Years. These fee schedules are available on the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Fee Schedules.

For more information on the quality standards for disposable incontinence brief, diaper, protective underwear, pull-on, liner, shield, guard, pad, and undergarments, see the Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook, available on the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then handbooks. Providers should inquire with product manufacturers to ensure that their products, at a minimum, meet the quality standards.