

DEVELOPMENTAL DISABILITIES INDIVIDUAL BUDGETING WAIVER DISPOSABLE INCONTINENCE MEDICAL SUPPLIES FEE SCHEDULE

This fee schedule should be used in conjunction with the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook, incorporated by reference in Rule 59G-13.070, 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 of all ages**						
A4311	UC	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	UC	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	3	15.81	36 per year	569.16
A4313	UC	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	3	10.39	36 per year	374.04
A4331	UC	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	UC	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	200	0.10	200 per month*	240.00
A4333	UC	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	31	2.43	31 per month	903.96
A4349	UC	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	35	1.66	35 per month	697.20
A4351	UC	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	UC	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
A4353	UC	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES***	186	5.33	186 per month	11,896.56

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A4357	UC	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	UC	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	5	3.40	60 per year	204.00
A4361	UC	OSTOMY FACEPLATE, EACH	1	17.52	12 per year	210.24
A4362	UC	SKIN BARRIER; SOLID, 4 x 4 OR EQUIVALENT; EACH	20	2.91	240 per year	698.40
A4363	UC	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.) POWDER OR PASTE; PER OZ.	12	4.14	144 per year	596.16
A4364	UC	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	4	2.13	48 per year	102.24
A4365	UC	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50	2	8.64	2 per month	207.36
A4367	UC	OSTOMY BELT, EACH	1	5.61	12 per year	67.32
A4368	UC	OSTOMY FILTER, ANY TYPE, EACH	200	0.20	200 per month*	480.00
A4369	UC	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ	12	1.84	144 per year	264.96
A4371	UC	OSTOMY SKIN BARRIER, POWDER, PER OZ	12	2.78	144 per year	400.32
A4372	UC	OSTOMY SKIN BARRIER, SOLID 4 x 4 OR EQUIVALENT, WITH BUILT-IN CONVEXITY, EACH	20	3.18	240 per year	763.20
A4373	UC	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	UC	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	10	13.10	10 per month	1,572.00
A4376	UC	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	10	36.30	10 per month	4,356.00
A4377	UC	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	10	3.27	10 per month	392.40
A4378	UC	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	10	23.46	10 per month	2,815.20
A4379	UC	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	10	11.46	10 per month	1,375.20
A4380	UC	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	20	28.48	240 per year	6,835.20
A4381	UC	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	10	3.52	10 per month	422.40
A4382	UC	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	10	18.78	10 per month	2,253.60
A4383	UC	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	10	21.51	10 per month	2,581.20
A4384	UC	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	10	7.34	10 per month	880.80
A4385	UC	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	UC	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	UC	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	10	3.32	10 per month	398.40
A4389	UC	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	10	4.74	10 per month	568.80
A4390	UC	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	10	7.33	10 per month	879.60
A4391	UC	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	10	5.39	10 per month	646.80
A4392	UC	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	10	5.07	10 per month	608.40
A4393	UC	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	10	7.00	10 per month	840.00
A4394	UC	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	10	1.96	4 per month	94.08
A4395	UC	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	31	0.04	31 per month	14.88
A4396	UC	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	2	30.89	2 per month	741.36
A4397	UC	IRRIGATION SUPPLY; SLEEVE, EACH	10	3.94	120 per year	472.80
A4398	UC	OSTOMY IRRIGATION SUPPLY; BAG, EACH	2	23.28	24 per year	558.72
A4399	UC	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	1	5.82	2 per year	11.64
A4400	UC	OSTOMY IRRIGATION SET	1	31.70	6 per year	190.20
A4402	UC	LUBRICANT, PER OUNCE	4	1.35	48 per year	64.80
A4404	UC	OSTOMY RING, EACH	31	1.29	372 per year	479.88
A4405	UC	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	12	2.18	144 per year	313.92
A4406	UC	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	12	3.67	144 per year	528.48
A4407	UC	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	UC	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	UC	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

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A4410	UC	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
A4411	UC	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	UC	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	UC	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	UC	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	UC	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	UC	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	31	1.76	31 per month	654.72
A4417	UC	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	31	2.38	31 per month	885.36
A4418	UC	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	31	1.16	31 per month	431.52
A4420	UC	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	31	1.28	31 per month	476.16
A4421	UC	OSTOMY SUPPLY; MISCELLANEOUS	1	7.76	12 per year	93.12
A4423	UC	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	31	1.28	31 per month	476.16
A4424	UC	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	31	3.04	31 per month	1,130.88
A4425	UC	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	UC	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	31	1.51	372 per year	561.72
A4427	UC	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	31	1.89	372 per year	703.08

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CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
A4428	UC	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	UC	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	UC	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
A4431	UC	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	UC	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	UC	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	31	2.14	31 per month	796.08
A4434	UC	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	UC	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	200	0.30	2,400 per year	720.00
A4452	UC	TAPE, WATERPROOF, PER 18 SQUARE INCHES	200	0.40	2,400 per year	960.00
A4455	UC	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT, OR OTHER ADHESIVE), PER OUNCE	4	1.16	48 per year	55.68
A4927	UC	GLOVES, NON-STERILE, PER 100	4	4.00	48 per year	192.00
A4930	UC	GLOVES, STERILE, PER PAIR	100	0.34	1,200 per year	408.00
A5051	UC	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	31	1.66	372 per year	617.52
A5052	UC	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	31	1.27	372 per year	472.44
A5053	UC	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	31	1.28	372 per year	476.16
A5054	UC	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	31	1.28	372 per year	476.16
A5055	UC	STOMA CAP	31	1.21	31 per month	450.12
A5061	UC	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	31	2.18	372 per year	810.96
A5062	UC	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	31	1.89	372 per year	703.08
A5063	UC	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	31	1.89	372 per year	703.08

**DEVELOPMENTAL DISABILITIES INDIVIDUAL BUDGETING WAIVER
DISPOSABLE INCONTINENCE MEDICAL SUPPLIES FEE SCHEDULE**

CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
A5071	UC	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	31	2.82	372 per year	1,049.04
A5072	UC	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	31	2.29	372 per year	851.88
A5073	UC	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	31	2.09	372 per year	777.48
A5081	UC	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	1	2.51	6 per year	15.06
A5082	UC	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	1	7.71	6 per year	46.26
A5093	UC	OSTOMY ACCESSORY; CONVEX INSERT	10	1.55	120 per year	186.00
A5112	UC	URINARY LEG BAG; LATEX	1	26.42	12 per year	317.04
A5120	UC	SKIN BARRIER, WIPES OR SWABS, EACH	50	0.17	600 per year	102.00
A5121	UC	SKIN BARRIER; SOLID, 6 x 6 OR EQUIVALENT, EACH	10	4.84	120 per year	580.80
A5122	UC	SKIN BARRIER; SOLID, 8 x 8 OR EQUIVALENT, EACH	10	9.81	120 per year	1,177.20
A5131	UC	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 of all ages						
A4419	UC	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER	1	1.39	31 per month	517.08
S5199	UC	PERSONAL CARE ITEM, NOS, EACH	****	By Invoice	****	****
Recipients ages 21 years and older						
A4310	UC	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	2	4.03	24 per year	96.72
A4314	UC	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	UC	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	2	10.67	24 per year	256.08
A4316	UC	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	2	10.67	24 per year	256.08
A4320	UC	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	31	4.90	372 per year	1,822.80

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CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
A4322	UC	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, EACH	31	2.15	372 per year	799.80
A4326	UC	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	31	8.34	372 per year	3,102.48
A4327	UC	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP, EACH	1	16.10	1 per year	16.10
A4328	UC	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	2	5.00	24 per year	120.00
A4330	UC	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	31	5.19	372 per year	1,930.68
A4335	UC	INCONTINENCE SUPPLY; MISCELLANEOUS	1	250.00	12 per year	3,000.00
A4338	UC	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	UC	INDWELLING CATHETER; SPECIALTY TYPE (E.G., COUDE, MUSHROOM, WING, ETC.), EACH	3	6.69	36 per year	240.84
A4344	UC	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	3	5.34	36 per year	192.24
A4346	UC	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	3	8.73	36 per year	314.28
A4354	UC	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	3	3.88	36 per year	139.68
A4355	UC	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	4	2.52	48 per year	120.96
A4356	UC	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	1	34.92	1 per year	34.92
A4554	UC	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	150	0.34	1,800 per year	612.00
A5102	UC	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	1	6.69	2 per year	13.38
A5105	UC	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	1	14.40	2 per year	28.80
A5113	UC	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	1	4.48	4 per year	17.92
A5114	UC	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	1	5.53	4 per year	22.12

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A5126	UC	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	20	0.63	240 per year	151.20
A5200	UC	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	3	8.62	3 per year	310.32
T4521	UC	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	1	0.63	200 per month*	1,512.00
T4522	UC	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	1	0.69	200 per month*	1,656.00
T4523	UC	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	1	0.80	200 per month*	1,920.00
T4524	UC	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	1	0.90	200 per month*	2,160.00
T4525	UC	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	1	0.78	200 per month*	1,872.00
T4526	UC	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	1	0.85	200 per month*	2,040.00
T4527	UC	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	1	0.94	200 per month*	2,256.00
T4528	UC	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	1	1.02	200 per month*	2,448.00
T4529	UC	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	1	0.53	200 per month*	1,272.00
T4530	UC	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	1	0.58	200 per month*	1,392.00
T4531	UC	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	1	0.69	200 per month*	1,656.00
T4532	UC	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	1	0.75	200 per month*	1,800.00
T4533	UC	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	1	0.65	200 per month*	1,560.00
T4534	UC	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	1	0.84	200 per month*	2,016.00
T4535	UC	DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH	1	0.44	200 per month*	1,056.00

DEVELOPMENTAL DISABILITIES INDIVIDUAL BUDGETING WAIVER DISPOSABLE INCONTINENCE MEDICAL SUPPLIES FEE SCHEDULE

CODE	MOD	DESCRIPTION	UNIT	FEE (\$)	LIMIT (unit)	MAXIMUM LIMIT (\$/year)
T4543	UC	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH	1	1.52	200 per month*	3,648.00
T4544	UC	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 ages 21 years of age and older, 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 <http://portal.flmmis.com/flpublic>

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 <http://portal.flmmis.com/flpublic>. Providers should inquire with product manufacturers to ensure that their products, at a minimum, meet the quality standards.