

**DEVELOPMENTAL DISABILITIES WAIVERS
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 Use for iBudget | MOD 1 Use for Tiers 1-3 | MOD 1 Use for Tier 4 | DESCRIPTION | MAX PMTS. | UNITS | YEARLY TOTAL | LIMITS | PER |
|-------|-----------------------------|-------------------------------|----------------------------|---|--------------|-------|-----------------|--------|----------|
| A4310 | UC | U6 | U9 | INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY) | 4.03 | 2 | \$96.72 | 24 | per year |
| A4314 | UC | U6 | U9 | 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 | UC | U6 | U9 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE | 10.67 | 2 | \$256.08 | 24 | per year |
| A4316 | UC | U6 | U9 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION | 10.67 | 2 | \$256.08 | 24 | per year |
| A4320 | UC | U6 | U9 | IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE | 4.90 | 31 | \$1,822.80 | 372 | per year |
| A4322 | UC | U6 | U9 | IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, EACH | 2.15 | 31 | \$799.80 | 372 | per year |
| A4326 | UC | U6 | U9 | MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH | 8.34 | 31 | \$3,102.48 | 372 | per year |
| A4327 | UC | U6 | U9 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP, EACH | 16.10 | 1 | \$16.10 | 1 | per year |
| A4328 | UC | U6 | U9 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH | 5.00 | 2 | \$120.00 | 24 | per year |

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|-------|-----------------------------|-------------------------------|----------------------------|--|--------------|-------|-----------------|--------|----------|
| A4330 | UC | U6 | U9 | PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH | 5.19 | 31 | \$1,930.68 | 372 | per year |
| A4335 | UC | U6 | U9 | INCONTINENCE SUPPLY; MISCELLANEOUS | 19.40 | 1 | \$232.80 | 12 | per year |
| A4338 | UC | U6 | U9 | 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 | UC | U6 | U9 | INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH | 6.69 | 3 | \$240.84 | 36 | per year |
| A4344 | UC | U6 | U9 | INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH | 5.34 | 3 | \$192.24 | 36 | per year |
| A4346 | UC | U6 | U9 | INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH | 8.73 | 3 | \$314.28 | 36 | per year |
| A4354 | UC | U6 | U9 | INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER | 3.88 | 3 | \$139.68 | 36 | per year |
| A4355 | UC | U6 | U9 | IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH | 2.52 | 4 | \$120.96 | 48 | per year |
| A4356 | UC | U6 | U9 | EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH | 34.92 | 1 | \$34.92 | 1 | per year |
| A4554 | UC | U6 | U9 | DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S) | 0.34 | 150 | \$612.00 | 1800 | per year |
| A5102 | UC | U6 | U9 | BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH | 6.69 | 1 | \$13.38 | 2 | per year |

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|-------|-----------------------------|-------------------------------|----------------------------|---|--------------|-------|-----------------|--------|-----------|
| A5105 | UC | U6 | U9 | URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE | 14.40 | 1 | \$28.80 | 2 | per year |
| A5113 | UC | U6 | U9 | LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET | 4.48 | 1 | \$17.92 | 4 | per year |
| A5114 | UC | U6 | U9 | LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET | 5.53 | 1 | \$22.12 | 4 | per year |
| A5126 | UC | U6 | U9 | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD | 0.63 | 20 | \$151.20 | 240 | per year |
| A5200 | UC | U6 | U9 | PERCUTANEOUS CATHETER/TUBE ANCHORING DECICE, ADHESIVE SKIN ATTACHMENT | 8.62 | 3 | \$310.32 | 3 | per month |

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 Use for iBudget | MOD 1 Use for Tiers 1-3 | MOD 1 Use for Tier 4 | DESCRIPTION | MAX PMTS. | UNITS | YEARLY TOTAL | LIMITS | PER |
|-------|-----------------------------|-------------------------------|----------------------------|---|--------------|-------|-----------------|--------|------------------------|
| T4521 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH | 0.63 | 1 | \$1,512.00 | 200 | per month ¹ |
| T4522 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH | 0.69 | 1 | \$1,656.00 | 200 | per month ¹ |
| T4523 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH | 0.80 | 1 | \$1,920.00 | 200 | per month ¹ |
| T4524 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH | 0.90 | 1 | \$2,160.00 | 200 | per month ¹ |
| T4525 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH | 0.78 | 1 | \$1,872.00 | 200 | per month ¹ |
| T4526 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH | 0.85 | 1 | \$2,040.00 | 200 | per month ¹ |
| T4527 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH | 0.94 | 1 | \$2,256.00 | 200 | per month ¹ |
| T4528 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH | 1.02 | 1 | \$2,448.00 | 200 | per month ¹ |
| T4529 | UC | U6 | U9 | 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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|-------|-----------------------------|-------------------------------|----------------------------|---|--------------|-------|-----------------|--------|------------------------|
| T4530 | UC | U6 | U9 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH | 0.58 | 1 | \$1,392.00 | 200 | per month ¹ |
| T4531 | UC | U6 | U9 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL- ON, SMALL/MEDIUM SIZE, EACH | 0.69 | 1 | \$1,656.00 | 200 | per month ¹ |
| T4532 | UC | U6 | U9 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH | 0.75 | 1 | \$1,800.00 | 200 | per month ¹ |
| T4533 | UC | U6 | U9 | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH | 0.65 | 1 | \$1,560.00 | 200 | per month ¹ |
| T4534 | UC | U6 | U9 | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL- ON, EACH | 0.84 | 1 | \$2,016.00 | 200 | per month ¹ |
| T4535 | UC | U6 | U9 | DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH | 0.44 | 1 | \$1,056.00 | 200 | per month ¹ |
| T4543 | UC | U6 | U9 | DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH | 1.52 | 1 | \$3,648.00 | 200 | per month ¹ |

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

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|-------|-----------------------------|-------------------------------|----------------------------|--|--------------|-------|-----------------|--------|-----------|
| A4311 | UC | U6 | U9 | 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 | UC | U6 | U9 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE | 15.81 | 3 | \$569.16 | 36 | per year |
| A4313 | UC | U6 | U9 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION | 10.39 | 3 | \$374.04 | 36 | per year |
| A4331 | UC | U6 | U9 | 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 | UC | U6 | U9 | LUBRICANT, INDIVIDU6L STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH | 0.10 | 200 | \$240.00 | 200 | per month |
| A4333 | UC | U6 | U9 | URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH | 2.43 | 31 | \$903.96 | 31 | per month |
| A4349 | UC | U6 | U9 | MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH | 1.66 | 35 | \$697.20 | 35 | per month |
| A4351 | UC | U6 | U9 | 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 | UC | U6 | U9 | 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 | UC | U6 | U9 | INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES (Note: Medicaid's coverage is for a sterile intermittent catheter kit, packaged by the prodU6t manufacturer, to be used for self-catheterization) | 5.33 | 186 | \$11,896.56 | 186 | per month |
| A4357 | UC | U6 | U9 | 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 | UC | U6 | U9 | URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH | 3.40 | 5 | \$204.00 | 60 | per year |
| A4361 | UC | U6 | U9 | OSTOMY FACEPLATE, EACH | 17.52 | 1 | \$210.24 | 12 | per year |
| A4362 | UC | U6 | U9 | SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH | 2.91 | 20 | \$698.40 | 240 | per year |
| A4363 | UC | U6 | U9 | SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.) POWDER OR PASTE; PER OZ. | 4.14 | 12 | \$596.16 | 144 | per year |
| A4364 | UC | U6 | U9 | ADHESIVE, LIQUID OR EQU6L, ANY TYPE, PER OZ | 2.13 | 4 | \$102.24 | 48 | per year |
| A4365 | UC | U6 | U9 | ADHESIVE REMOVER WIPES, ANY TYPE, PER 50 | 8.64 | 2 | \$207.36 | 2 | per month |
| A4367 | UC | U6 | U9 | OSTOMY BELT, EACH | 5.61 | 1 | \$67.32 | 12 | per year |
| A4368 | UC | U6 | U9 | OSTOMY FILTER, ANY TYPE, EACH | 0.20 | 200 | \$480.00 | 200 | per month |
| A4369 | UC | U6 | U9 | OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ | 1.84 | 12 | \$264.96 | 144 | per year |

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|-------|-----------------------------|-------------------------------|----------------------------|--|--------------|-------|-----------------|--------|-----------|
| A4371 | UC | U6 | U9 | OSTOMY SKIN BARRIER, POWDER, PER OZ | 2.78 | 12 | \$400.32 | 144 | per year |
| A4372 | UC | U6 | U9 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, WITH BUILT-IN CONVEXITY, EACH | 3.18 | 20 | \$763.20 | 240 | per year |
| A4373 | UC | U6 | U9 | 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 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH | 13.10 | 10 | \$1,572.00 | 10 | per month |
| A4376 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH | 36.30 | 10 | \$4,356.00 | 10 | per month |
| A4377 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH | 3.27 | 10 | \$392.40 | 10 | per month |
| A4378 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH | 23.46 | 10 | \$2,815.20 | 10 | per month |
| A4379 | UC | U6 | U9 | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH | 11.46 | 10 | \$1,375.20 | 10 | per month |
| A4380 | UC | U6 | U9 | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH | 28.48 | 20 | \$6,835.20 | 240 | per year |
| A4381 | UC | U6 | U9 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH | 3.52 | 10 | \$422.40 | 10 | per month |
| A4382 | UC | U6 | U9 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH | 18.78 | 10 | \$2,253.60 | 10 | per month |

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| A4383 | UC | U6 | U9 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH | 21.51 | 10 | \$2,581.20 | 10 | per month |
| A4384 | UC | U6 | U9 | OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH | 7.34 | 10 | \$880.80 | 10 | per month |
| A4385 | UC | U6 | U9 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH | 3.88 | 10 | \$465.60 | 10 | per month |
| A4387 | UC | U6 | U9 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH | 3.06 | 10 | \$367.20 | 10 | per month |
| A4388 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH | 3.32 | 10 | \$398.40 | 10 | per month |
| A4389 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH | 4.74 | 10 | \$568.80 | 10 | per month |
| A4390 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH | 7.33 | 10 | \$879.60 | 10 | per month |
| A4391 | UC | U6 | U9 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH | 5.39 | 10 | \$646.80 | 10 | per month |
| A4392 | UC | U6 | U9 | OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH | 5.07 | 10 | \$608.40 | 10 | per month |
| A4393 | UC | U6 | U9 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH | 7.00 | 10 | \$840.00 | 10 | per month |

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| A4394 | UC | U6 | U9 | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE | 1.96 | 10 | \$94.08 | 4 | per month |
| A4395 | UC | U6 | U9 | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET | 0.04 | 31 | \$14.88 | 31 | per month |
| A4396 | UC | U6 | U9 | OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT | 30.89 | 2 | \$741.36 | 2 | per month |
| A4397 | UC | U6 | U9 | IRRIGATION SUPPLY; SLEAVE, EACH | 3.94 | 10 | \$472.80 | 120 | per year |
| A4398 | UC | U6 | U9 | OSTOMY IRRIGATION SUPPLY; BAG, EACH | 23.28 | 2 | \$558.72 | 24 | per year |
| A4399 | UC | U6 | U9 | OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH | 5.82 | 1 | \$11.64 | 2 | per year |
| A4400 | UC | U6 | U9 | OSTOMY IRRIGATION SET | 31.70 | 1 | \$190.20 | 6 | per year |
| A4402 | UC | U6 | U9 | LUBRICANT, PER OUNCE | 1.35 | 4 | \$64.80 | 48 | per year |
| A4404 | UC | U6 | U9 | OSTOMY RING, EACH | 1.29 | 31 | \$479.88 | 372 | per year |
| A4405 | UC | U6 | U9 | OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE | 2.18 | 12 | \$313.92 | 144 | per year |
| A4406 | UC | U6 | U9 | OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE | 3.67 | 12 | \$528.48 | 144 | per year |
| A4407 | UC | U6 | U9 | 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 |

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| A4408 | UC | U6 | U9 | 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 | UC | U6 | U9 | 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 | UC | U6 | U9 | 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 |
| A4411 | UC | U6 | U9 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH | 5.25 | 31 | \$1,953.00 | 372 | per year |
| A4412 | UC | U6 | U9 | 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 | UC | U6 | U9 | 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 | UC | U6 | U9 | 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 | UC | U6 | U9 | 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 |

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 Use for iBudget | MOD 1 Use for Tiers 1-3 | MOD 1 Use for Tier 4 | DESCRIPTION | MAX PMTS. | UNITS | YEARLY TOTAL | LIMITS | PER |
|-------|-----------------------------|-------------------------------|----------------------------|---|--------------|-------|-----------------|--------|-----------|
| A4416 | UC | U6 | U9 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH | 1.76 | 31 | \$654.72 | 31 | per month |
| A4417 | UC | U6 | U9 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH | 2.38 | 31 | \$885.36 | 31 | per month |
| A4418 | UC | U6 | U9 | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH | 1.16 | 31 | \$431.52 | 31 | per month |
| A4420 | UC | U6 | U9 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH | 1.28 | 31 | \$476.16 | 31 | per month |
| A4421 | UC | U6 | U9 | OSTOMY SUPPLY; MISCELLANEOUS | 7.76 | 1 | \$93.12 | 12 | per year |
| A4423 | UC | U6 | U9 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH | 1.28 | 31 | \$476.16 | 31 | per month |
| A4424 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH | 3.04 | 31 | \$1,130.88 | 31 | per month |
| A4425 | UC | U6 | U9 | 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 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH | 1.51 | 31 | \$561.72 | 372 | per year |
| A4427 | UC | U6 | U9 | 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 | UC | U6 | U9 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAU6ET-TYPE TAP WITH VALVE (1 PIECE), EACH | 4.17 | 31 | \$1,551.24 | 372 | per year |

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 Use for iBudget | MOD 1 Use for Tiers 1-3 | MOD 1 Use for Tier 4 | DESCRIPTION | MAX PMTS. | UNITS | YEARLY TOTAL | LIMITS | PER |
|-------|-----------------------------|-------------------------------|----------------------------|--|--------------|-------|-----------------|--------|-----------|
| A4429 | UC | U6 | U9 | OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAU6ET-TYPE TAP WITH VALVE (1 PIECE), EACH | 4.82 | 31 | \$1,793.04 | 372 | per year |
| A4430 | UC | U6 | U9 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAU6ET-TYPE TAP WITH VALVE (1 PIECE), EACH | 5.46 | 31 | \$2,031.12 | 372 | per year |
| A4431 | UC | U6 | U9 | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAU6ET-TYPE TAP WITH VALVE (1 PIECE), EACH | 3.25 | 31 | \$1,209.00 | 31 | per month |
| A4432 | UC | U6 | U9 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAU6ET-TYPE TAP WITH VALVE (2 PIECE), EACH | 2.30 | 31 | \$855.60 | 31 | per month |
| A4433 | UC | U6 | U9 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH | 2.14 | 31 | \$796.08 | 31 | per month |
| A4434 | UC | U6 | U9 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAU6ET-TYPE TAP WITH VALVE (2 PIECE), EACH | 2.41 | 31 | \$896.52 | 372 | per year |
| A4450 | UC | U6 | U9 | TAPE, NON-WATERPROOF, PER 18 SQU6RE INCHES | 0.30 | 200 | \$720.00 | 2400 | per year |
| A4452 | UC | U6 | U9 | TAPE, WATERPROOF, PER 18 SQU6RE INCHES | 0.40 | 200 | \$960.00 | 2400 | per year |

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 Use for iBudget | MOD 1 Use for Tiers 1-3 | MOD 1 Use for Tier 4 | DESCRIPTION | MAX PMTS. | UNITS | YEARLY TOTAL | LIMITS | PER |
|-------|-----------------------------|-------------------------------|----------------------------|--|--------------|-------|-----------------|--------|-----------|
| A4455 | UC | U6 | U9 | ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE | 1.16 | 4 | \$55.68 | 48 | per year |
| A4927 | UC | U6 | U9 | GLOVES, NON-STERILE, PER 100 | 4.00 | 4 | \$192.00 | 48 | per year |
| A4930 | UC | U6 | U9 | GLOVES, STERILE, PER PAIR | 0.34 | 100 | \$408.00 | 1200 | per year |
| A5051 | UC | U6 | U9 | OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH | 1.66 | 31 | \$617.52 | 372 | per year |
| A5052 | UC | U6 | U9 | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH | 1.27 | 31 | \$472.44 | 372 | per year |
| A5053 | UC | U6 | U9 | OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH | 1.28 | 31 | \$ 476.16 | 372 | per year |
| A5054 | UC | U6 | U9 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH | 1.28 | 31 | \$476.16 | 372 | per year |
| A5055 | UC | U6 | U9 | STOMA CAP | 1.21 | 31 | \$450.12 | 31 | per month |
| A5061 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH | 2.18 | 31 | \$810.96 | 372 | per year |
| A5062 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH | 1.89 | 31 | \$703.08 | 372 | per year |
| A5063 | UC | U6 | U9 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH | 1.89 | 31 | \$703.08 | 372 | per year |
| A5071 | UC | U6 | U9 | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH | 2.82 | 31 | \$1,049.04 | 372 | per year |

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 Use for iBudget | MOD 1 Use for Tiers 1-3 | MOD 1 Use for Tier 4 | DESCRIPTION | MAX PMTS. | UNITS | YEARLY TOTAL | LIMITS | PER |
|-------|-----------------------------|-------------------------------|----------------------------|---|--------------|-------|-----------------|--------|-----------|
| A5072 | UC | U6 | U9 | OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH | 2.29 | 31 | \$851.88 | 372 | per year |
| A5073 | UC | U6 | U9 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH | 2.09 | 31 | \$777.48 | 372 | per year |
| A5081 | UC | U6 | U9 | CONTINENT DEVICE; PLUG FOR CONTINENT STOMA | 2.51 | 1 | \$15.06 | 6 | per year |
| A5082 | UC | U6 | U9 | CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA | 7.71 | 1 | \$46.26 | 6 | per year |
| A5093 | UC | U6 | U9 | OSTOMY ACCESSORY; CONVEX INSERT | 1.55 | 10 | \$186.00 | 120 | per year |
| A5112 | UC | U6 | U9 | URINARY LEG BAG; LATEX | 26.42 | 1 | \$317.04 | 12 | per year |
| A5120 | UC | U6 | U9 | SKIN BARRIER, WIPES OR SWABS, EACH | 0.17 | 50 | \$102.00 | 600 | per year |
| A5121 | UC | U6 | U9 | SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH | 4.84 | 10 | \$580.80 | 120 | per year |
| A5122 | UC | U6 | U9 | SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH | 9.81 | 10 | \$1,177.20 | 120 | per year |
| A5131 | UC | U6 | U9 | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ. | 10.28 | 3 | \$370.08 | 3 | per month |

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 Use for iBudget | MOD 1 Use for Tiers 1-3 | MOD 1 Use for Tier 4 | DESCRIPTION | MAX PMTS. | UNITS | YEARLY TOTAL | LIMITS | PER |
|-------|-----------------------------|-------------------------------|----------------------------|---|--------------|--|-----------------|--------|-----------|
| A4419 | UC | U6 | U9 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER | 1.39 | 1 | \$517.08 | 31 | per month |
| S5199 | UC | U6 | U9 | PERSONAL CARE ITEM, NOS, EACH | By Invoice | See waiver for policy rules and limits | | | |

The codes listed below are billable under the waiver for recipients aged 21 and older. 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 Use for iBudget | MOD 1 Use for Tiers 1-3 | MOD 1 Use for Tier 4 | DESCRIPTION | MAX PMTS. | UNITS | YEARLY TOTAL | LIMITS | PER |
|-------|-----------------------|-------------------------|----------------------|---|-----------|-------|--------------|--------|------------------------|
| T4521 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH | 0.63 | 1 | \$1,512.00 | 200 | per month ¹ |
| T4522 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH | 0.69 | 1 | \$1,656.00 | 200 | per month ¹ |
| T4523 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH | 0.80 | 1 | \$1,920.00 | 200 | per month ¹ |
| T4524 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH | 0.90 | 1 | \$2,160.00 | 200 | per month ¹ |
| T4525 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH | 0.78 | 1 | \$1,872.00 | 200 | per month ¹ |
| T4526 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH | 0.85 | 1 | \$2,040.00 | 200 | per month ¹ |
| T4527 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH | 0.94 | 1 | \$2,256.00 | 200 | per month ¹ |
| T4528 | UC | U6 | U9 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH | 1.02 | 1 | \$2,448.00 | 200 | per month ¹ |
| T4529 | UC | U6 | U9 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH | 0.53 | 1 | \$1,272.00 | 200 | per month ¹ |
| T4530 | UC | U6 | U9 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH | 0.58 | 1 | \$1,392.00 | 200 | per month ¹ |

Continued: The codes listed below are billable under the waiver for recipients aged 21 and older. 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 Use for iBudget | MOD 1 Use for Tiers 1-3 | MOD 1 Use for Tier 4 | DESCRIPTION | MAX PMTS. | UNITS | YEARLY TOTAL | LIMITS | PER |
|-------|-----------------------|-------------------------|----------------------|---|-----------|-------|--------------|--------|------------------------|
| T4531 | UC | U6 | U9 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL- ON, SMALL/MEDIUM SIZE, EACH | 0.69 | 1 | \$1,656.00 | 200 | per month ¹ |
| T4532 | UC | U6 | U9 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH | 0.75 | 1 | \$1,800.00 | 200 | per month ¹ |
| T4533 | UC | U6 | U9 | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH | 0.65 | 1 | \$1,560.00 | 200 | per month ¹ |
| T4534 | UC | U6 | U9 | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH | 0.84 | 1 | \$2,016.00 | 200 | per month ¹ |
| T4535 | UC | U6 | U9 | DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH | 0.44 | 1 | \$1,056.00 | 200 | per month ¹ |
| T4543 | UC | U6 | U9 | DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH | 1.52 | 1 | \$3,648.00 | 200 | per month ¹ |

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

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.

Developmental Disabilities Waivers Quality Standards

Minimum Quality Standards for Briefs and Diapers v07-01-13

| Size | Minimum Length ⁽²⁾ | Minimum Width ⁽³⁾ | Waist Range | Rate Of Absorbency (ROA) | Rewet | Capacity |
|-------------------|-------------------------------|------------------------------|-------------|--------------------------|-------|----------|
| | | | | ≤ | ≤ | ≥ |
| | 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 v07-01-13

| 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.

Developmental Disabilities Waivers Quality Standards

Minimum Quality Standards for Underpads v07-01-13

| | | |
|------------------------|---------------|---------------|
| 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 v07-01-13

| Size | Minimum Inside Width ⁽²⁾ | Minimum Length ⁽³⁾ | Product Performance ⁽¹⁾ | | |
|-------------|-------------------------------------|-------------------------------|------------------------------------|-------|----------|
| | | | 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.