

Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for Medicaid Recipients Under Age 21

CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
A4217	STERILE WATER/SALINE, 500 ML	2.43		0.00	1			31 PER MONTH
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	17.32		0.00	1			52 PER YEAR
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	34.39		0.00	7			MEDICAL NECESSITY UP TO 365 PER YEAR MAX
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	4.85		0.00	3			36 PER YEAR
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	2.99		0.00	1			2 PER MONTH
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	8.06		0.00	1			4 PER YEAR
A4265	PARAFFIN, PER POUND	3.88		0.00	6			72 PER YEAR
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	4.03		0.00	2			24 PER YEAR
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	10.67		0.00	2			24 PER YEAR
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	10.67		0.00	2			24 PER YEAR
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	10.67		0.00	2			24 PER YEAR
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	4.90		0.00	31			372 PER YEAR
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	2.15		0.00	31			372 PER YEAR
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	8.34		0.00	31			372 PER YEAR
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	16.10		0.00	1			1 PER YEAR
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	5.00		0.00	2			24 PER YEAR
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	5.19		0.00	31			372 PER YEAR
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	6.16		0.00	3			36 PER YEAR
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	6.69		0.00	3			36 PER YEAR
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	5.34		0.00	3			36 PER YEAR
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	8.73		0.00	3			36 PER YEAR
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	3.88		0.00	3			36 PER YEAR
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	2.52		0.00	4			48 PER YEAR
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	34.92		0.00	1			1 PER YEAR
A4359	URINARY SUSPENSORY WITHOUT LEG BAG, EACH	7.76		0.00	1			2 PER YEAR
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	0.34		0.00	150			1800 PER YEAR
A4565	SLINGS	5.34		0.00	1			1 PER MEDICAL EVENT
A4570	SPLINT	10.67		0.00	1			1 PER MEDICAL EVENT
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	33.95		0.00	1			1 PER YEAR
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	6.69		0.00	1			2 PER YEAR
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	14.40		0.00	1			2 PER YEAR
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	4.48		0.00	1			4 PER YEAR
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	5.53		0.00	1			4 PER YEAR
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	0.63		0.00	20			240 PER YEAR
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	8.62		0.00	3			3 PER MONTH
A6154	WOUND POUCH, EACH	10.64		0.00	15			15 PER MONTH
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	5.61		0.00	31			31 PER MONTH
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	12.50		0.00	31			31 PER MONTH
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	4.04		0.00	31			31 PER MONTH
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	2.56		0.00	31			31 PER MONTH
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	4.76		0.00	31			31 PER MONTH
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	5.60		0.00	31			31 PER MONTH

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A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	5.72		0.00	31			31 PER MONTH
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	15.20		0.00	31			31 PER MONTH
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	22.40		0.00	31			31 PER MONTH
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	7.40		0.00	31			31 PER MONTH
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	7.86		0.00	31			31 PER MONTH
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	0.04		0.00	200			200 PER MONTH
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	0.73		0.00	62			62 PER MONTH
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	1.97		0.00	62			62 PER MONTH
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	1.63		0.00	31			31 PER MONTH
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	1.84		0.00	31			31 PER MONTH
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	2.76		0.00	31			31 PER MONTH
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	2.75		0.00	31			31 PER MONTH
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	5.00		0.00	31			31 PER MONTH
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	12.84		0.00	31			31 PER MONTH
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	20.80		0.00	31			31 PER MONTH
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	6.04		0.00	31			31 PER MONTH
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	17.40		0.00	31			31 PER MONTH
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	9.35		0.00	31			31 PER MONTH
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	1.96		0.00	31			31 PER MONTH
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	4.63		0.00	31			31 PER MONTH
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	9.40		0.00	31			31 PER MONTH
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	29.95		0.00	31			31 PER MONTH
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	5.55		0.00	31			31 PER MONTH
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	7.55		0.00	31			31 PER MONTH
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	18.15		0.00	31			31 PER MONTH
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	12.40		0.00	15			15 PER MONTH
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	1.52		0.00	31			31 PER MONTH
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	2.48		0.00	31			31 PER MONTH
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	4.84		0.00	31			31 PER MONTH
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	0.90		0.00	31			31 PER MONTH
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH	2.32		0.00	31			31 PER MONTH

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A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	3.28		0.00	31			31 PER MONTH
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	8.35		0.00	31			31 PER MONTH
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD	1.45		0.00	31			31 PER MONTH
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	0.10		0.00	200			200 PER MONTH
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	0.33		0.00	200			200 PER MONTH
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.40		0.00	31			31 PER MONTH
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.40		0.00	31			31 PER MONTH
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	0.40		0.00	31			31 PER MONTH
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.40		0.00	31			31 PER MONTH
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	0.40		0.00	31			31 PER MONTH
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.50		0.00	31			31 PER MONTH
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	0.50		0.00	31			31 PER MONTH
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.50		0.00	31			31 PER MONTH
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.50		0.00	31			31 PER MONTH
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.50		0.00	31			31 PER MONTH
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	9.10		0.00	31			31 PER MONTH
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET	8.60		0.00	31			31 PER MONTH
B4081	NASOGASTRIC TUBING WITH STYLET	14.55		0.00	8			96 PER YEAR
B4082	NASOGASTRIC TUBING WITHOUT STYLET	11.64		0.00	8			96 PER YEAR
B4083	STOMACH TUBE - LEVINE TYPE	1.46		0.00	15			180 PER YEAR
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING	1.52		0.00	930			930 PER MONTH
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	0.78		0.00	930			930 PER MONTH
B4160 SC	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED ORALLY, 100 CALORIES = 1 UNIT	0.78		0.00	930			930 PER MONTH
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	0.00		0.00	930	BR		930 PER MONTH
B4161 SC	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED ORALLY, 100 CALORIES = 1 UNIT	0.00		0.00	930	BR		930 PER MONTH
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	0.00		0.00	930	BR		930 PER MONTH
B4162 SC	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED ORALLY, 100 CALORIES = 1 UNIT	0.00		0.00	930	BR		930 PER MONTH

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B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	0.00	RO	82.45	1			MEDICAL NECESSITY
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	0.00	RO	82.45	1			MEDICAL NECESSITY
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	0.00	RO	82.45	1			MEDICAL NECESSITY
B9998	NOC FOR ENTERAL SUPPLIES	6.79		0.00	10			120 PER YEAR
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	150.40		15.04	1			1 PER 3 YEARS
E0184	DRY PRESSURE MATTRESS	276.50		27.65	1			1 PER 3 YEARS
E0186	AIR PRESSURE MATTRESS	184.30		0.00	1			1 PER 3 YEARS
E0187	WATER PRESSURE MATTRESS	184.30		0.00	1			1 PER 3 YEARS
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	77.60		0.00	1			1 PER 2 YEARS
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE	26.39		0.00	1			1 PER 3 YEARS
E0191	HEEL OR ELBOW PROTECTOR, EACH	6.79		0.00	2			4 PER YEAR
E0196	GEL PRESSURE MATTRESS	184.30		0.00	1			1 PER 3 YEARS
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	0.00	RO	42.68	1			1 PER MEDICAL EVENT (UP TO 5 DAYS)
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	38.80		0.00	1			1 PER LIFETIME
E0215	ELECTRIC HEAT PAD, MOIST	16.49		0.00	1			1 PER LIFETIME
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	322.02		0.00	1			1 PER 5 YEARS
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	116.40		11.64	1			1 PER 8 YEARS
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	25.71		0.00	1			1 PER YEAR
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1071.85		0.00	1			1 PER 8 YEARS
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1343.45		0.00	1			1 PER 8 YEARS
E0305	BED SIDE RAILS, HALF LENGTH	105.73		0.00	1			1 PER 8 YEARS
E0310	BED SIDE RAILS, FULL LENGTH	105.73		0.00	1			1 PER 8 YEARS
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	82.45		0.00	1			1 PER 8 YEARS
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	3500.00		0.00	1		PA	1 PER 5 YEARS
E0370	AIR PRESSURE ELEVATOR FOR HEEL	19.92		0.00	1			2 PER 2 YEARS
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS, NON-INVASIVE	0.00	RO	95.00	1			MEDICAL NECESSITY
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	0.00	RO	6.15	1			MEDICAL NECESSITY
E0619	APNEA MONITOR, WITH RECORDING FEATURE	0.00	RO	6.15	1			MEDICAL NECESSITY
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	485.00		48.50	1			1 PER 8 YEARS
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	941.90		94.19	1			1 PER 8 YEARS
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	3689.90		368.99	1			1 PER 8 YEARS
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	73.72		0.00	1			2 PER YEAR
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	67.90		0.00	1			2 PER YEAR
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	67.90		0.00	1			2 PER YEAR
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	101.37		0.00	1			2 PER YEAR
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	395.76		0.00	1			2 PER YEAR
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	395.76		0.00	1			2 PER YEAR
E0744	NEUROMUSCULAR STIMULATOR FOR SCIOLIOSIS	810.00		81.00	1			MEDICAL NECESSITY
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	717.80		71.78	1			MEDICAL NECESSITY
E0776	IV POLE	106.70		10.67	1			1 PER 8 YEARS
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	0.00	RO	11.74	1			MEDICAL NECESSITY
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	0.00	RO	7.91	1			MEDICAL NECESSITY
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	0.00	RO	9.41	1			MEDICAL NECESSITY
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	0.00	RO	5.82	1			MEDICAL NECESSITY
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	63.05		0.00	1			1 PER LIFETIME
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	73.72		0.00	1			1 PER LIFETIME
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	63.05		0.00	1			1 PER LIFETIME
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	70.81		0.00	1			1 PER LIFETIME

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CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	44.62		0.00	1			1 PER LIFETIME
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	77.60		0.00	1			1 PER LIFETIME
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	354.10		35.41	1			1 PER LIFETIME
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	354.10		35.41	1			1 PER LIFETIME
E0935	PASSIVE MOTION EXERCISE DEVICE	0.00	RO	13.57	1			21 DAYS PER MEDICAL EVENT
E0942	CERVICAL HEAD HARNESS/HALTER	15.52		0.00	1			1 PER MEDICAL EVENT
E0944	PELVIC BELT/HARNESS/BOOT	12.13		0.00	1			1 PER MEDICAL EVENT
E0945	EXTREMITY BELT/HARNESS	15.04		0.00	1			1 PER MEDICAL EVENT
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	217.80		21.78	1			1 PER MEDICAL EVENT
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	209.50		20.95	1			1 PER MEDICAL EVENT
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY GIMBALED	932.21		0.00	1		PA	1 PER 4 YEARS
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	489.90		48.99	1			1 PER 5 YEARS
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	1892.87		0.00	1		PA	1 PER 5 YEARS
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	1710.73		0.00	1		PA	1 PER 5 YEARS
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	1772.58		0.00	1		PA	1 PER 5 YEARS
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	1543.16		0.00	1		PA	1PER 5 YEARS
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	1485.94		0.00	1		PA	1 PER 5 YEARS
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	1310.98		0.00	1		PA	1 PER 5 YEARS
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	1322.44		0.00	1		PA	1 PER 5 YEARS
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	1378.84		0.00	1		PA	1 PER 5 YEARS
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	73.50		0.00	2			2 PER 2 YEARS
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	75.50		0.00	2			2 PER 2 YEARS
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	75.50		0.00	2			2 PER 2 YEARS
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	6.06		0.00	8			8 PER YEAR
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	75.50		0.00	2			2 PER 2 YEARS
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	75.50		0.00	2			2 PER 2 YEARS
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	36.38		0.00	2			3 PAIR PER YEAR
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	36.38		0.00	2			3 PAIR PER YEAR
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	36.38		0.00	2			3 PAIR PER YEAR
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	34.92		0.00	2			3 PAIR PER YEAR
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	41.71		0.00	2			3 PAIR PER YEAR
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	52.38		0.00	2			3 PAIR PER YEAR
L3208	SURGICAL BOOT, EACH, INFANT	17.46		0.00	2			2 PER FOOT PER YEAR
L3209	SURGICAL BOOT, EACH, CHILD	17.46		0.00	2			2 PER FOOT PER YEAR
L3211	SURGICAL BOOT, EACH, JUNIOR	19.40		0.00	2			2 PER FOOT PER YEAR
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	3000.00		0.00	1		PA	MEDICAL NECESSITY
The codes listed below are for recipients 4 to 20 years of age								
Any combination of these codes can be billed but only up to 200 units.*								
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	0.63		0.00	200			UP TO 200 PER MONTH
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	0.69		0.00	200			UP TO 200 PER MONTH
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	0.80		0.00	200			UP TO 200 PER MONTH
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	0.90		0.00	200			UP TO 200 PER MONTH
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	0.78		0.00	200			UP TO 200 PER MONTH
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	0.85		0.00	200			UP TO 200 PER MONTH
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	0.94		0.00	200			UP TO 200 PER MONTH

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CODE	DESCRIPTION	MAXPMT	RO	RENT	UNITS	BR	PA	LIMITS
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	1.02		0.00	200			UP TO 200 PER MONTH
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	0.53		0.00	200			UP TO 200 PER MONTH
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	0.58		0.00	200			UP TO 200 PER MONTH
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL- ON, SMALL/MEDIUM SIZE, EACH	0.69		0.00	200			UP TO 200 PER MONTH
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	0.75		0.00	200			UP TO 200 PER MONTH
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	0.65		0.00	200			UP TO 200 PER MONTH
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	0.84		0.00	200			UP TO 200 PER MONTH
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH	0.44		0.00	200			UP TO 200 PER MONTH
T4543	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	1.52		0.00	200			UP TO 200 PER MONTH

*Example: A provider can bill 200 units of T4521 or a provider can bill 150 units of T4521 and 50 units of T4535 per month.