

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

CODE	MAXIMUM FEE	RENTAL ONLY	RENT-TO-PURCHASE	UNITS	BY REPORT	PRIOR AUTHORIZATION	LIMIT
Medical and Surgical Supplies							
A4217	2.43			1			31 PER MONTH
A4221	17.32			1			52 PER YEAR
A4222	34.39			7			MEDICAL NECESSITY UP TO 365 PER YEAR MAX
A4246	4.85			3			36 PER YEAR
A4255	2.99			1			2 PER MONTH
A4256	8.06			1			4 PER YEAR
A4265	3.88			6			72 PER YEAR
Incontinence Appliances and Care Supplies							
A4310	4.03			2			24 PER YEAR
A4314	10.67			2			24 PER YEAR
A4315	10.67			2			24 PER YEAR
A4316	10.67			2			24 PER YEAR
A4320	4.90			31			372 PER YEAR
A4322	2.15			31			372 PER YEAR
A4326	8.34			31			372 PER YEAR
A4327	16.10			1			1 PER YEAR
A4328	5.00			2			24 PER YEAR
A4330	5.19			31			372 PER YEAR
A4338	6.16			3			36 PER YEAR
A4340	6.69			3			36 PER YEAR
A4344	5.34			3			36 PER YEAR
A4346	8.73			3			36 PER YEAR
A4354	3.88			3			36 PER YEAR
A4355	2.52			4			48 PER YEAR
External Urinary Supplies							
A4356	34.92			1			1 PER YEAR
A4359	7.76			1			2 PER YEAR
Miscellaneous Supplies							
A4554	0.34			150			1800 PER YEAR
A4565	5.34			1			1 PER MEDICAL EVENT
A4570	10.67			1			1 PER MEDICAL EVENT
Supplies for Other Durable Medical Equipment							
A4640	33.95			1			1 PER YEAR
Additional Incontinence and Ostomy Supplies							
A5102	6.69			1			2 PER YEAR
A5105	14.40			1			2 PER YEAR
A5113	4.48			1			4 PER YEAR
A5114	5.53			1			4 PER YEAR
A5126	0.63			20			240 PER YEAR
A5200	8.62			3			3 PER MONTH
Dressings							
A6154	10.64			15			15 PER MONTH
A6196	5.61			31			31 PER MONTH
A6197	12.50			31			31 PER MONTH
A6199	4.04			31			31 PER MONTH
A6203	2.56			31			31 PER MONTH
A6204	4.76			31			31 PER MONTH
A6207	5.60			31			31 PER MONTH
A6209	5.72			31			31 PER MONTH
A6210	15.20			31			31 PER MONTH
A6211	22.40			31			31 PER MONTH
A6212	7.40			31			31 PER MONTH
A6214	7.86			31			31 PER MONTH
A6216	0.04			200			200 PER MONTH
A6219	0.73			62			62 PER MONTH
A6220	1.97			62			62 PER MONTH

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A6222	1.63			31			31 PER MONTH
A6223	1.84			31			31 PER MONTH
A6224	2.76			31			31 PER MONTH
A6229	2.75			31			31 PER MONTH
A6234	5.00			31			31 PER MONTH
A6235	12.84			31			31 PER MONTH
A6236	20.80			31			31 PER MONTH
A6237	6.04			31			31 PER MONTH
A6238	17.40			31			31 PER MONTH
A6240	9.35			31			31 PER MONTH
A6241	1.96			31			31 PER MONTH
A6242	4.63			31			31 PER MONTH
A6243	9.40			31			31 PER MONTH
A6244	29.95			31			31 PER MONTH
A6245	5.55			31			31 PER MONTH
A6246	7.55			31			31 PER MONTH
A6247	18.15			31			31 PER MONTH
A6248	12.40			15			15 PER MONTH
A6251	1.52			31			31 PER MONTH
A6252	2.48			31			31 PER MONTH
A6253	4.84			31			31 PER MONTH
A6254	0.90			31			31 PER MONTH
A6255	2.32			31			31 PER MONTH
A6258	3.28			31			31 PER MONTH
A6259	8.35			31			31 PER MONTH
A6266	1.45			31			31 PER MONTH
A6402	0.10			200			200 PER MONTH
A6403	0.33			200			200 PER MONTH
A6441	0.40			31			31 PER MONTH
A6443	0.40			31			31 PER MONTH
A6444	0.40			31			31 PER MONTH
A6446	0.40			31			31 PER MONTH
A6447	0.40			31			31 PER MONTH
A6449	0.50			31			31 PER MONTH
A6450	0.50			31			31 PER MONTH
A6451	0.50			31			31 PER MONTH
A6452	0.50			31			31 PER MONTH
A6454	0.50			31			31 PER MONTH
A6456	9.10			31			31 PER MONTH
Administrative, Miscellaneous, and Investigational							
A9276	399.20			1 (per box)		PA	1 per month
A9277	639.20			1		PA	2 per year
A9278	559.20			1		PA	1 per year

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Enteral Formulae and Enteral Medical Supplies							
B4035	8.60			31			31 PER MONTH
B4081	14.55			8			96 PER YEAR
B4082	11.64			8			96 PER YEAR
B4083	1.46			15			180 PER YEAR
B4149	1.52			930			930 PER MONTH
B4160	0.78			930			930 PER MONTH
B4160 SC	0.78			930			930 PER MONTH
B4161	0.00			930	BR		930 PER MONTH
B4161 SC	0.00			930	BR		930 PER MONTH
B4162	0.00			930	BR		930 PER MONTH
B4162 SC	0.00			930	BR		930 PER MONTH
Enteral and Parenteral Pumps							
B9002	0.00	RO	82.45	1			MEDICAL NECESSITY
B9004	0.00	RO	82.45	1			MEDICAL NECESSITY
B9998	0.00			10		PA	120 PER YEAR
Decubitus Care Equipment							
E0181	150.40		15.04	1			1 PER 3 YEARS
E0184	276.50		27.65	1			1 PER 3 YEARS
E0186	184.30			1			1 PER 3 YEARS
E0187	184.30			1			1 PER 3 YEARS
E0189	77.60			1			1 PER 2 YEARS
E0190	26.39			1			1 PER 3 YEARS
E0191	6.79			2			4 PER YEAR
E0196	184.30			1			1 PER 3 YEARS
Heat/Cold Application							
E0202	0.00	RO	42.68	1			1 PER MEDICAL EVENT (UP TO 5 DAYS)
E0205	38.80			1			1 PER LIFETIME
E0215	16.49			1			1 PER LIFETIME
E0217	322.02			1			1 PER 5 YEARS
E0235	116.40		11.64	1			1 PER 8 YEARS
Pad for Heating Unit							
E0249	25.71			1			1 PER YEAR
Hospital Beds and Accessories							
E0260	1071.85			1			1 PER 8 YEARS
E0265	1343.45			1			1 PER 8 YEARS
E0305	105.73			1			1 PER 8 YEARS
E0310	105.73			1			1 PER 8 YEARS
E0315	82.45			1			1 PER 8 YEARS
E0316	3500.00			1		PA	1 PER 5 YEARS
E0370	19.92			1			2 PER 2 YEARS
Oxygen and Related Respiratory Equipment							
E0445	0.00	RO	95.00	1			MEDICAL NECESSITY
Monitoring Equipment							
E0618	0.00	RO	6.15	1			MEDICAL NECESSITY
E0619	0.00	RO	6.15	1			MEDICAL NECESSITY
Pneumatic Compressor and Appliances							
E0650	485.00		48.50	1			1 PER 8 YEARS
E0651	941.90		94.19	1			1 PER 8 YEARS
E0652	3689.90		368.99	1			1 PER 8 YEARS
E0655	73.72			1			2 PER YEAR
E0660	67.90			1			2 PER YEAR
E0665	67.90			1			2 PER YEAR
E0666	101.37			1			2 PER YEAR
E0667	395.76			1			2 PER YEAR
E0668	395.76			1			2 PER YEAR
Transcutaneous and/or Neuromuscular Electrical Nerve Stimulators (TENS)							
E0744	810.00		81.00	1			MEDICAL NECESSITY
E0745	717.80		71.78	1			MEDICAL NECESSITY
Infusion Pumps							
E0776	106.70		10.67	1			1 PER 8 YEARS
E0779	0.00	RO	11.74	1			MEDICAL NECESSITY
E0780	0.00	RO	7.91	1			MEDICAL NECESSITY

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E0781	0.00	RO	9.41	1			MEDICAL NECESSITY
E0791	0.00	RO	5.82	1			MEDICAL NECESSITY
Tranction Equipment: All Types and Cervical							
E0840	63.05			1			1 PER LIFETIME
E0850	73.72			1			1 PER LIFETIME
Traction: Extremity							
E0870	63.05			1			1 PER LIFETIME
E0880	70.81			1			1 PER LIFETIME
Traction: Pelvic							
E0890	44.62			1			1 PER LIFETIME
E0900	77.60			1			1 PER LIFETIME
Trapeze Equipment, Fracture Frame, and Other Orthopedic Devices							
E0920	354.10		35.41	1			1 PER LIFETIME
E0930	354.10		35.41	1			1 PER LIFETIME
E0935	0.00	RO	13.57	1			21 DAYS PER MEDICAL EVENT
E0942	15.52			1			1 PER MEDICAL EVENT
E0944	12.13			1			1 PER MEDICAL EVENT
E0945	15.04			1			1 PER MEDICAL EVENT
E0947	217.80		21.78	1			1 PER MEDICAL EVENT
E0948	209.50		20.95	1			1 PER MEDICAL EVENT
Wheelchair Accessories							
E1030	932.21			1		PA	1 PER 4 YEARS
Wheelchair: Fully Reclining							

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E1085	489.90		48.99	1			1 PER 5 YEARS
Wheelchair: Special Size							
E1231	1892.87			1		PA	1 PER 5 YEARS
E1232	1710.73			1		PA	1 PER 5 YEARS
E1233	1772.58			1		PA	1 PER 5 YEARS
E1234	1543.16			1		PA	1 PER 5 YEARS
E1235	1485.94			1		PA	1 PER 5 YEARS
E1236	1310.98			1		PA	1 PER 5 YEARS
E1237	1322.44			1		PA	1 PER 5 YEARS
E1238	1378.84			1		PA	1 PER 5 YEARS
Other Orthopedic Devices							
E1800	73.50			2			2 PER 2 YEARS
E1805	75.50			2			2 PER 2 YEARS
E1815	75.50			2			2 PER 2 YEARS
E1820	6.06			8			8 PER YEAR
E1825	75.50			2			2 PER 2 YEARS
E1830	75.50			2			2 PER 2 YEARS
Orthopedic: Footwear							
L3201	36.38			2			3 PAIR PER YEAR
L3202	36.38			2			3 PAIR PER YEAR
L3203	36.38			2			3 PAIR PER YEAR
L3204	34.92			2			3 PAIR PER YEAR
L3206	41.71			2			3 PAIR PER YEAR
L3207	52.38			2			3 PAIR PER YEAR
L3208	17.46			2			2 PER FOOT PER YEAR
L3209	17.46			2			2 PER FOOT PER YEAR
L3211	19.40			2			2 PER FOOT PER YEAR
S1040	3000.00			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	0.63			200			UP TO 200 PER MONTH
T4522	0.69			200			UP TO 200 PER MONTH
T4523	0.80			200			UP TO 200 PER MONTH
T4524	0.90			200			UP TO 200 PER MONTH
T4525	0.78			200			UP TO 200 PER MONTH
T4526	0.85			200			UP TO 200 PER MONTH
T4527	0.94			200			UP TO 200 PER MONTH
T4528	1.02			200			UP TO 200 PER MONTH
T4529	0.53			200			UP TO 200 PER MONTH
T4530	0.58			200			UP TO 200 PER MONTH
T4531	0.69			200			UP TO 200 PER MONTH
T4532	0.75			200			UP TO 200 PER MONTH
T4533	0.65			200			UP TO 200 PER MONTH
T4534	0.84			200			UP TO 200 PER MONTH
T4535	0.44			200			UP TO 200 PER MONTH
T4543	1.52			200			UP TO 200 PER MONTH
T4544	1.52			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.

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CODE	MAXIMUM RENTAL FEE	RENTAL ONLY	RENT-TO-PURCHASE	UNITS	BY REPORT	PRIOR AUTHORIZATION	LIMIT
Enteral Formula Category List for Medicaid Recipients Under the Age of 21 Years							
B4149	1.52			930			930 PER MONTH
Name							
Compleat Pediatric							
Compleat Pediatric Reduced Calorie							
Compleat							
B4160	0.78			930			930 PER MONTH
B4160 SC	0.78			930			930 PER MONTH
Name							
Boost Kid Essentials							
Boost Kid Essentials 1.5							
Boost Kid Essentials 1.5 with Fiber							
Kindercal							
Kindercal with Fiber							
Kindercal TF							
Kindercal TF with Fiber							
Nutren Junior							
Nutren Junior with Fiber							
PediaSure							
PediaSure 1.5 Cal							
PediaSure 1.5 Cal with Fiber							
PediaSure Enteral							
PediaSure Enteral with Fiber							
PediaSure with Fiber							

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B4161	0.00		930	BR		930 PER MONTH
B4161 SC	0.00		930	BR		930 PER MONTH

Name	Caloric Density
Alfamino Infant	400g
Alfamino Junior	400g
EleCare (for infants)	400g
EleCare Junior	400g
Gerber Extensive HA	400g
Homactin AA Plus	250ml
Isovactin AA Plus	250ml
Neocate	400g
Neocate Nutra	400g
Neocate Junior	400g
Nutramigen with Enflora LGG	357g
E028 Splash	237mL
PediaSure Peptide 1.0 Cal	237mL
PediaSure Peptide 1.5 Cal	237mL
Pepdite One+ (Pepdite Junior)	51g
Peptamen Junior	250mL
Peptamen Junior Fiber	250mL
Peptamen Junior Prebio	250mL
Peptamen Junior 1.5	250mL
Phenactin AA Plus	250ml
Portagen	454g
Pregestimil	454g
Pregestimil 24	454g
Promactin AA Plus	250ml
Similac Expert Care Alimentum	454g
Vilactin AA Plus	250mL
Vivonex Pediatric	250mL

B4162	0.00		930	BR		930 PER MONTH
B4162 SC	0.00		930	BR		930 PER MONTH

Name	Caloric Density
3232A	454g
Calcilo XD	375g
Complex JR MSD	400g
Cyclinex - 1	400g
GlutarAde Junior GA-1	400g
Glutarex - 1	400g
Glytactin RTD	250mL
Milupa HOM 2	500g
Hominex - 1	400g
I - Valex - 1	400g
Ketonex - 1	400g
MSUD 1	500g
MSUD Analog	400g
OS 1	500g
Periflex Infant	400g
Phenex - 1	400g
PhenylAde60	454g
Phenyl-Free 1	454g
PKU 1	500g
PKU 2	500g
PKU 3	500g
Propimex - 1	400g
Tylactin RTD 15	250ml
TYROS 1	454g
TYROS 2	454g
TYR 2	500g
Tyrex - 1	400g
UCD 2	450g
XLEU Analog	400g
XLEU Maxamaid	454g
XLYS, XTrp Analog	400g
XLYS, XTrp Maxamaid	454g
XMET Analog	400g
XMET Maxamaid	454g
XMTVI Analog	400g
XMTVI Maxamaid	454g
XPhe, XTyr Analog	400g
XPTM Analog	400g