

Notice of Instruction

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West Central Florida
Area Agency on Aging, Inc.



Assistance. Advocacy. Answers on Aging.

Notice of Instruction Number: #082312 – Assisted Living Waiver Incontinence Fee Schedule and Quality Standards - Ic

TO: All Assisted Living Waiver Providers
FROM: Lauren Cury
DATE: August 23, 2012
SUBJECT: **Assisted Living Waiver Incontinence Fee Schedule and Quality Standards**

The purpose of this Notice of Instruction is to inform you that on July 23, 2012, the West Central Florida Area Agency on Aging (WCFAAA) received notification from the Department of Elder Affairs (DOEA) that all Assisted Living Waiver (ALW) providers are now able to bill Florida Medicaid using new ALW incontinence billing codes. Effective immediately all ALW Providers should begin the transition to using the new ALW incontinence billing codes.

The new ALW incontinence billing codes may be found in the attached document entitled, "Assisted Living Waiver Incontinence Fee Schedule and Quality Standards".

Provider billing should coincide with the recipients' routine Quarterly Care Plan Reviews, as performed by the ALW Case Manager. The WCFAAA is concurrently notifying the case management agencies of the need to update ALW recipient care plans in accordance with the Assisted Living Waiver Incontinence Fee Schedule and Quality Standards (see attached).

For further clarification, please visit to our website, www.agingflorida.com, to access the documents, "Incontinence Billing Guidelines" and "Incontinence Frequently

Asked Questions”. Further clarification will be provided as it is received from the DOEA and/or the Agency for Health Care Administration (AHCA).

The WCFAAA appreciates your cooperation in regards to this directive. Thank you for your continued commitment to Florida’s elders. Should you require additional program information, please contact your WCFAAA Medicaid Waiver Specialist.

**ASSISTED LIVING WAIVER
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*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4310	U3	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	\$4.03	2	\$96.72	24	per year
A4314	U3	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	U3	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	\$10.67	2	\$256.08	24	per year
A4316	U3	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	\$10.67	2	\$256.08	24	per year
A4320	U3	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	\$4.90	31	\$1,822.80	372	per year
A4322	U3	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, EACH	\$2.15	31	\$799.80	372	per year
A4326	U3	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	\$8.34	31	\$3,102.48	372	per year
A4327	U3	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP, EACH	\$16.10	1	\$16.10	1	per year
A4328	U3	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	\$5.00	2	\$120.00	24	per year
A4330	U3	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	\$5.19	31	\$1,930.68	372	per year

*Enter MOD 1 only when billing the waiver. Do not enter MOD 1 when billing state plan Durable Medical Equipment and Medical Supply Program services.

(DOS) = Date of Service

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4335	U3	INCONTINENCE SUPPLY; MISCELLANEOUS	\$19.40	1	\$232.80	12	per year
A4338	U3	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	U3	INDWELLING CATHETER; SPECIALTY TYPE, EG., COUDE, MUSHROOM, WING, ETC., EACH	\$6.69	3	\$240.84	36	per year
A4344	U3	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	\$5.34	3	\$192.24	36	per year
A4346	U3	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	\$8.73	3	\$314.28	36	per year
A4354	U3	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	\$3.88	3	\$139.68	36	per year
A4355	U3	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	\$2.52	4	\$120.96	48	per year
A4356	U3	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	\$34.92	1	\$34.92	1	per year
A4554	U3	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUXS)	\$0.34	150	\$612.00	1800	per year
A5102	U3	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	\$6.69	1	\$13.38	2	per year
A5105	U3	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	\$14.40	1	\$28.80	2	per year

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A5113	U3	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	\$4.48	1	\$17.92	4	per year
A5114	U3	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	\$5.53	1	\$22.12	4	per year
A5126	U3	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	\$0.63	20	\$151.20	240	per year
A5200	U3	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	\$8.62	3	\$310.32	36	per year

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*	DESCRIPTION	MAX PMTS.	UNITS (DOS) ¹	YEARLY TOTAL	LIMITS	PER
T4521	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	\$0.63	1	\$1,512.00	200	per month ¹
T4522	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	\$0.69	1	\$1,656.00	200	per month ¹
T4523	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	\$0.80	1	\$1,920.00	200	per month ¹
T4524	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	\$0.90	1	\$2,160.00	200	per month ¹
T4525	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	\$0.78	1	\$1,872.00	200	per month ¹
T4526	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	\$0.85	1	\$2,040.00	200	per month ¹
T4527	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	\$0.94	1	\$2,256.00	200	per month ¹
T4528	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	\$1.02	1	\$2,448.00	200	per month ¹
T4529	U3	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	\$0.53	1	\$1,272.00	200	per month ¹
T4530	U3	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	\$0.58	1	\$1,392.00	200	per month ¹

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS) ¹	YEARLY TOTAL	LIMITS	PER
T4531	U3	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL- ON, SMALL/MEDIUM SIZE, EACH	\$0.69	1	\$1,656.00	200	per month ¹
T4532	U3	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	\$0.75	1	\$1,800.00	200	per month ¹
T4533	U3	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	\$0.65	1	\$1,560.00	200	per month ¹
T4534	U3	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	\$0.84	1	\$2,016.00	200	per month ¹
T4535	U3	DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH	\$0.44	1	\$1,056.00	200	per month ¹
T4543	U3	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	\$1.52	1	\$3,648.00	200	per month ¹

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

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4311	U3	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	U3	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	\$15.81	3	\$569.16	36	per year
A4313	U3	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	\$10.39	3	\$374.04	36	per year
A4331	U3	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	U3	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	\$0.10	200	\$240.00	200	per month
A4333	U3	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	\$2.43	31	\$903.96	31	per month
A4349	U3	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	\$1.66	35	\$697.20	35	per month
A4351	U3	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	U3	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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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4353	U3	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES (Note: Medicaid's coverage is for a sterile intermittent catheter kit, packaged by the product manufacturer, to be used for self-catheterization)	\$5.33	186	\$11,896.56	186	per month
A4357	U3	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	U3	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	\$3.40	5	\$204.00	60	per year
A4361	U3	OSTOMY FACEPLATE, EACH	\$17.52	1	\$210.24	12	per year
A4362	U3	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	\$2.91	20	\$698.40	240	per year
A4363	U3	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.) POWDER OR PASTE; PER OZ.	\$4.14	12	\$596.16	144	per year
A4364	U3	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	\$2.13	4	\$102.24	48	per year
A4365	U3	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50	\$8.64	2	\$207.36	2	per month
A4367	U3	OSTOMY BELT, EACH	\$5.61	1	\$67.32	12	per year
A4368	U3	OSTOMY FILTER, ANY TYPE, EACH	\$0.20	200	\$480.00	200	per month
A4369	U3	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ	\$1.84	12	\$264.96	144	per year
A4371	U3	OSTOMY SKIN BARRIER, POWDER, PER OZ	\$2.78	12	\$400.32	144	per year

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4372	U3	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, WITH BUILT-IN CONVEXITY, EACH	\$3.18	20	\$763.20	240	per year
A4373	U3	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	U3	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$13.10	10	\$1,572.00	10	per month
A4376	U3	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$36.30	10	\$4,356.00	10	per month
A4377	U3	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	\$3.27	10	\$392.40	10	per month
A4378	U3	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	\$23.46	10	\$2,815.20	10	per month
A4379	U3	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$11.46	10	\$1,375.20	10	per month
A4380	U3	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$28.48	20	\$6,835.20	240	per year
A4381	U3	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	\$3.52	10	\$422.40	10	per month
A4382	U3	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	\$18.78	10	\$2,253.60	10	per month
A4383	U3	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	\$21.51	10	\$2,581.20	10	per month
A4384	U3	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	\$7.34	10	\$880.80	10	per month
A4385	U3	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	\$3.88	10	\$465.60	10	per month

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4387	U3	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$3.06	10	\$367.20	10	per month
A4388	U3	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	\$3.32	10	\$398.40	10	per month
A4389	U3	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$4.74	10	\$568.80	10	per month
A4390	U3	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$7.33	10	\$879.60	10	per month
A4391	U3	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	\$5.39	10	\$646.80	10	per month
A4392	U3	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$5.07	10	\$608.40	10	per month
A4393	U3	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	\$7.00	10	\$840.00	10	per month
A4394	U3	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	\$1.96	10	\$94.08	4	per month
A4395	U3	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	\$0.04	31	\$14.88	31	per month
A4396	U3	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	\$30.89	2	\$741.36	2	per month
A4397	U3	IRRIGATION SUPPLY; SLEEVE, EACH	\$3.94	10	\$472.80	120	per year

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS PER
A4398	U3	OSTOMY IRRIGATION SUPPLY; BAG, EACH	\$23.28	2	\$558.72	24 per year
A4399	U3	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	\$5.82	1	\$11.64	2 per year
A4400	U3	OSTOMY IRRIGATION SET	\$31.70	1	\$190.20	6 per year
A4402	U3	LUBRICANT, PER OUNCE	\$1.35	4	\$64.80	48 per year
A4404	U3	OSTOMY RING, EACH	\$1.29	31	\$479.88	372 per year
A4405	U3	OSTOMY SKIN BARRIER, NONPECTIN-BASED, PASTE, PER OUNCE	\$2.18	12	\$313.92	144 per year
A4406	U3	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	\$3.67	12	\$528.48	144 per year
A4407	U3	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
A4408	U3	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	U3	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	U3	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

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CODE	MOD 1*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4411	U3	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	\$5.25	31	\$1,953.00	372	per year
A4412	U3	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	U3	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	U3	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	U3	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
A4416	U3	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$1.76	31	\$654.72	31	per month
A4417	U3	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	\$2.38	31	\$885.36	31	per month
A4418	U3	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$1.16	31	\$431.52	31	per month
A4420	U3	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$1.28	31	\$476.16	31	per month
A4421	U3	OSTOMY SUPPLY; MISCELLANEOUS	\$7.76	1	\$93.12	12	per year
A4423	U3	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	\$1.28	31	\$476.16	31	per month
A4424	U3	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$3.04	31	\$1,130.88	31	per month

*Enter MOD 1 only when billing the waiver. Do not enter MOD 1 when billing state plan Durable Medical Equipment and Medical Supply Program services.

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*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4425	U3	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	U3	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	\$1.51	31	\$561.72	372	per year
A4427	U3	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	U3	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	\$4.17	31	\$1,551.24	372	per year
A4429	U3	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	\$4.82	31	\$1,793.04	372	per year
A4430	U3	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	\$5.46	31	\$2,031.12	372	per year
A4431	U3	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	\$3.25	31	\$1,209.00	31	per month
A4432	U3	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	\$2.30	31	\$855.60	31	per month
A4433	U3	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$2.14	31	\$796.08	31	per month
A4434	U3	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	\$2.41	31	\$896.52	372	per year

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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*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4450	U3	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	\$0.30	200	\$720.00	2400	per year
A4452	U3	TAPE, WATERPROOF, PER 18 SQUARE INCHES	\$0.40	200	\$960.00	2400	per year
A4455	U3	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	\$1.16	4	\$55.68	48	per year
A4927	U3	GLOVES, NON-STERILE, PER 100	\$4.00	4	\$192.00	48	per year
A4930	U3	GLOVES, STERILE, PER PAIR	\$0.34	100	\$408.00	1200	per year
A5051	U3	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	\$1.66	31	\$617.52	372	per year
A5052	U3	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$1.27	31	\$472.44	372	per year
A5053	U3	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	\$1.28	31	\$ 476.16	372	per year
A5054	U3	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	\$1.28	31	\$476.16	372	per year
A5055	U3	STOMA CAP	\$1.21	31	\$450.12	31	per month
A5061	U3	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	\$2.18	31	\$810.96	372	per year
A5062	U3	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$1.89	31	\$703.08	372	per year
A5063	U3	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	\$1.89	31	\$703.08	372	per year
A5071	U3	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	\$2.82	31	\$1,049.04	372	per year

*Enter MOD 1 only when billing the waiver. Do not enter MOD 1 when billing state plan Durable Medical Equipment and Medical Supply Program services.

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*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS PER
A5072	U3	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	\$2.29	31	\$851.88	372 per year
A5073	U3	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	\$2.09	31	\$777.48	372 per year
A5081	U3	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	\$2.51	1	\$15.06	6 per year
A5082	U3	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	\$7.71	1	\$46.26	6 per year
A5093	U3	OSTOMY ACCESSORY; CONVEX INSERT	\$1.55	10	\$186.00	120 per year
A5112	U3	URINARY LEG BAG; LATEX	\$26.42	1	\$317.04	12 per year
A5120	U3	SKIN BARRIER, WIPES OR SWABS, EACH	\$0.17	50	\$102.00	600 per year
A5121	U3	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	\$4.84	10	\$580.80	120 per year
A5122	U3	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	\$9.81	10	\$1,177.20	120 per year
A5131	U3	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	\$10.28	3	\$370.08	36 per year

*Enter MOD 1 only when billing the waiver. Do not enter MOD 1 when billing state plan Durable Medical Equipment and Medical Supply Program services.

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*	DESCRIPTION	MAX PMTS.	UNITS (DOS)	YEARLY TOTAL	LIMITS	PER
A4419	U3	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER	\$1.39	1	\$517.08	31	per month
S5199	U3	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*	DESCRIPTION	MAX PMTS.	UNITS (DOS) ¹	YEARLY TOTAL	LIMITS	PER
T4521	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	\$0.63	1	\$1,512.00	200	per month ¹
T4522	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	\$0.69	1	\$1,656.00	200	per month ¹
T4523	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	\$0.80	1	\$1,920.00	200	per month ¹
T4524	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	\$0.90	1	\$2,160.00	200	per month ¹
T4525	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	\$0.78	1	\$1,872.00	200	per month ¹
T4526	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	\$0.85	1	\$2,040.00	200	per month ¹
T4527	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	\$0.94	1	\$2,256.00	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*	DESCRIPTION	MAX PMTS.	UNITS (DOS) ¹	YEARLY TOTAL	LIMITS	PER
T4528	U3	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	\$1.02	1	\$2,448.00	200	per month ¹
T4535	U3	DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH	\$0.44	1	\$1,056.00	200	per month ¹
T4543	U3	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)

(DOS) = Date of Service

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.

Assisted Living Waiver Quality Standards

Minimum Quality Standards for Briefs and Diapers v12-01-11

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 v12-01-11

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.

Assisted Living Waiver Quality Standards

Minimum Quality Standards for Underpads v12-01-11

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 v12-01-11

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.