

Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for 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 |
| A4335 | INCONTINENCE SUPPLY; MISCELLANEOUS | 19.40 | | 0.00 | 4 | | | 12 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 |

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|-------|--|--------|----|------|-------|----|----|---------------|
| A6200 | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | 7.25 | | 0.00 | 31 | | | 31 PER MONTH |
| A6204 | COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 15.87 | | 0.00 | 31 | | | 31 PER MONTH |
| A6202 | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | 26.62 | | 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 |
| 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 |

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| 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 |
| 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 |

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| 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- Effective July 01, 2012 | 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 |
| 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 |

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|--------------|--|---------------|----|--------------|----------|----|----|----------------------|
| 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 |
| E0621 | SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON (Moved to DME All Ages Fee Schedule, effective October 1st, 2012) | 58.20 | | 0.00 | 4 | | | 4 PER 4 YEARS |
| E0630 | PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S) (Moved to DME All Ages Fee Schedule, effective October 1st, 2012) | 664.50 | | 66.45 | 4 | | | 4 PER 8 YEARS |
| E0635 | PATIENT LIFT, ELECTRIC WITH SEAT OR SLING (Moved to DME All Ages Fee Schedule, effective October 1st, 2012) | 664.50 | | 66.45 | 4 | | | 4 PER 8 YEARS |
| 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 SCOLIOSIS | 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 |

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

| CODE | DESCRIPTION | MAXPMT | RO | RENT | UNITS | BR | PA | LIMITS |
|-------|--|---------|----|-------|-------|----|----|---------------------------|
| 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 |
| 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 | 1 PER 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 |

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

| CODE | DESCRIPTION | MAXPMT | RO | RENT | UNITS | BR | PA | LIMITS |
|---|--|--------|----|------|-------|----|----|---------------------|
| 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 |
| 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. | | | | | | | | |