

# Florida Community Care - DME and Supply Formulary and Fee Schedule - 2021 Update

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Contracted Entity:

FCC reserves the right to make non-material changes without notice. FCC shall only amend, append or make necessary material changes to this formulary and corresponding fee schedule with due notice to the end-users as provided for through the FCC contract or as provided for under the Agency for Health Care Administration.

Fee Based Year	Fee Schedule	Age	Category	HCPCS Code	Description	Max Allowable Units
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4206	SYRINGE WITH NEEDLE STERILE 1 CC OR LESS EACH	720 PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4207	SYRINGE WITH NEEDLE STERILE 2 CC EACH	720 PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4208	SYRINGE WITH NEEDLE STERILE 3 CC EACH	720 PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4209	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH	720 PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4213	SYRINGE STERILE 20 CC OR GREATER EACH	372 PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4215	NEEDLE STERILE ANY SIZE EACH	1200 PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4216	STERIL WATER SALINE & OR DXT DILUENT/FLUSH 10 ML	150 PER MONTH
2021	DME & Supplies for Age 18-20	18-20	Continance, Ostomy, and Wound Care	A4217	STERILE WATER/SALINE, 500 ML	MEDICAL NECESSITY UP TO 365 PER YEAR MAX
2021	DME & Supplies for Age 18-20	18-20	Continance, Ostomy, and Wound Care	A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	52 PER YEAR
2021	DME & Supplies for Age 18-20	18-20	Continance, Ostomy, and Wound Care	A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	MEDICAL NECESSITY UP TO 365 PER YEAR MAX
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4223	INFUS SPL NOT USED W/EXT INFUS PUMP CASSETTE/BAG	52 PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4230	INFUS SET EXT INSULIN PUMP NONNIDLE CANNULA TYPE	12 BOXES PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4231	INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE	12 BOXES PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4232	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC	12 BOXES PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Unlisted Code - DO NOT USE	A4421	PLAN RESERVED CODE	12 PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Continance, Ostomy, and Wound Care	A4554	DISPOSABLE UNDERPADS, ALL SIZES	1800 PER YEAR
2021	DME & Supplies for Over Age 18	18-99	Respiratory	A4611	BATTERY HEAVY DUTY; REPL PT-OWNED VENTILATOR	MEDICAL NECESSITY
2021	DME & Supplies for Over Age 18	18-99	Respiratory	A4612	BATTERY CABLES; REPLACEMENT PT-OWNED VENTILATOR	MEDICAL NECESSITY
2021	DME & Supplies for Over Age 18	18-99	Respiratory	A4613	BATTERY CHARGER; REPLACEMENT PT-OWNED VENTILATOR	MEDICAL NECESSITY
2021	DME & Supplies for Over Age 18	18-99	Unlisted Code - DO NOT USE	A9900	PLAN RESERVED CODE	MEDICAL NECESSITY
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE HIGH PROTEIN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE, ORIGINAL, VANILLA, 8OZ, ARC PACK (24/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE ORIGINAL, VANILLA, 8 OZ CARTON (1 EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	NUTREN 1.0	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	NUTREN 1.0 FIBER	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	OSMOLITE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	OSMOLITE 1 CAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	OSMOLITE 1.2 CAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	PROMOTE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	PROMOTE WITH FIBER	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	REPLETE WITH FIBER	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE, ORIGINAL, STRAWBERRY, 8 (24/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE ENLIVE 8 (24/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	FIBERSOURCE HN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	JEVITY 1 CAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	JEVITY 1.2 CAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	LIPISTART	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	NUTREN REPLETE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	REPLETE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	BOOST	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	BOOST HIGH PROTEIN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	BOOST, VANILLA, 8 OZ TETRA (27/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	BOOST, VANILLA, 8 OZ TETRA (1/EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	BOOST, CHOCOLATE, 8 OZ TETRA (27/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	BOOST, CHOCOLATE, 8 OZ TETRA (1/EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	BOOST, STRAWBERRY, 8 OZ TETRA (27/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	BOOST, STRAWBERRY, 8 OZ TETRA (1/EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE ORIGINAL, STRAWBERRY, 8 OZ CARTON (1 EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE, ORIGINAL, BUTTER, PECAN (24/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE ORIGINAL, BUTTER PECAN, 8OZ CARTON (1 EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE ORIGINAL, CHOCOLATE, 8 OZ CA (24/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ENSURE ORIGINAL, CHOCOLATE, 8 OZ CARTON (1 EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ISOSOURCE HN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4150	ISOSOURCE	930 PER MONTH
2021	DME & Supplies for All Age Groups	0-99	Enteral and Parenteral Nutrition	B4150	GENERIC FORMULA - Any other nutritional supplement not specifically listed	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	BOOST VERY HIGH CALORIE, VANILLA, 8 OZ TETRA (1/EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ENSURE COMPLETE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ENSURE PLUS, VANILLA, 8 OZ CARTON (1 EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ENSURE PLUS, STRAWBERRY, 8 OZ CARTON (1 EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ENSURE PLUS, BUTTER PECAN, 8 OZ CARTON (24/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ENSURE PLUS, BUTTER PECAN, 8 OZ CARTON (1 EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ENSURE PLUS, CHOCOLATE, 8 OZ CARTON (24/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ENSURE PLUS, CHOCOLATE, 8 OZ CARTON (1 EA)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ISOSOURCE 1.5	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	JEVITY 1.5	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	RESOURCE 2.0	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	NUTREN 1.5	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	NUTREN 2.0	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	OSMOLITE 1.5 CAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	RESURGEX PLUS	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	BOOST PLUS	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ENSURE PLUS HN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ENSURE PLUS, VANILLA, 8 OZ CARTON (24/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	ENSURE PLUS, STRAWBERRY, 8 OZ CARTON (24/CS)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4152	TWOCAL HN	930 PER MONTH
2021	DME & Supplies for All Age Groups	0-99	Enteral and Parenteral Nutrition	B4152	GENERIC FORMULA - Any other nutritional supplement not specifically listed	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	IMPACT PEPTIDE 1.5	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	IMPACT GLUTAMINE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	L-EMENTAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	PEPTAMEN 1.5	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	PERATIVE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	VITAL AF 1.2 CAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	PEPTAMEN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	PEPTAMEN AF	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	PEPTAMEN WITH PREBIO1	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	TOLEREX	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	VITAL 1.0 CAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	VITAL 1.5 CAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	VIVONEX PLUS	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	VITAL HN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	VIVONEX RTF	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4153	VIVONEX TEN	930 PER MONTH
2021	DME & Supplies for All Age Groups	0-99	Enteral and Parenteral Nutrition	B4153	GENERIC FORMULA - Any other nutritional supplement not specifically listed	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	IMPACT WITH FIBER	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	IMPACT 1.5	930 PER MONTH

2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	NUTREN PULMONARY	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	NUTRIHEP	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	NUTRIRENAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	NEPRO	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	NOVASOURCE RENAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	OXEPA	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	PULMOCCARE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	RENALCAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	REN/GEN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	GLUCERNA 1.0	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	GLUCERNA 1.2	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	GLUCERNA 1.5	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	GLYTROL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	IMPACT ADVANCED RECOVERY	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	KETOCAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	KETOCAL 3.1	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	KETOCAL 4.1	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	KETOVIE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	RESOURCE DIABETIC	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4154	SUPLENA	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	MICROLIPID	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	MCT OIL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	MCT PROCAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	OS 2 (MILUPA OS 2)	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	PHENYLALANINE AMINO ACID BLEND MTE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	POLYCOSE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	PROMOD	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	PROPHREE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	PROTEINEX LIQUID	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	PROVIMIN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	BENEPROTEIN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	ROSS CARBOHYDRATE FREE	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	SOLCARB	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	COMPLEX MSD AMINO ACID BLEND	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	DUOCAL	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	GLUTARADE GA-1 AMINO ACID BLEND	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	LIQUIGEN	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Enteral and Parenteral Nutrition	B4155	GLYCOSADE	930 PER MONTH
2021	DME & Supplies for All Age Groups	0-99	Enteral and Parenteral Nutrition	B4155	GENERIC FORMULA - Any other nutritional supplement not specifically listed	930 PER MONTH
2021	DME & Supplies for All Age Groups	0-99	Enteral and Parenteral Nutrition	B4157	GENERIC FORMULA - Any other nutritional supplement not specifically listed	930 PER MONTH
2021	DME & Supplies for Over Age 18	18-99	Contingence, Ostomy, and Wound Care	E0244	RAISED TOILET SEAT	1 PER 8 YEARS
2021	DME & Supplies for Over Age 18	18-99	Contingence, Ostomy, and Wound Care	E0245	TUB STOOL OR BENCH	1 PER 8 YEARS
2021	DME & Supplies for Over Age 18	18-99	Contingence, Ostomy, and Wound Care	E0246	TRANSFER TUB RAIL ATTACHMENT	1 PER 8 YEARS
2021	DME & Supplies for Age 18-20	18-20	Wheelchairs, Walking Assistance, and Adaptive	E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	1 PER 8 YEARS
2021	DME & Supplies for Over Age 18	18-99	Unlisted Code - DO NOT USE	L0999	PLAN RESERVED CODE	MEDICAL NECESSITY
2021	DME & Supplies for Over Age 18	18-99	Unlisted Code - DO NOT USE	L1499	PLAN RESERVED CODE	MEDICAL NECESSITY
2021	DME & Supplies for Over Age 18	18-99	Unlisted Code - DO NOT USE	L2999	PLAN RESERVED CODE	MEDICAL NECESSITY
2021	DME & Supplies for Over Age 18	18-99	Unlisted Code - DO NOT USE	L3999	PLAN RESERVED CODE	MEDICAL NECESSITY
2021	DME & Supplies for Over Age 18	18-99	Unlisted Code - DO NOT USE	L5999	PLAN RESERVED CODE	MEDICAL NECESSITY
2021	DME & Supplies for Over Age 18	18-99	Unlisted Code - DO NOT USE	L7499	PLAN RESERVED CODE	MEDICAL NECESSITY
2021	DME & Supplies for Over Age 18	18-99	Unlisted Code - DO NOT USE	L8499	PLAN RESERVED CODE	MEDICAL NECESSITY
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Contingence, Ostomy, and Wound Care	T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*

2021	All Age LTC Plus DME Supply	18-99	Continenence, Ostomy, and Wound Care	T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*
2021	All Age LTC Plus DME Supply	18-99	Continenence, Ostomy, and Wound Care	T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	UP TO 200 PER MONTH Any combination of these codes can be billed but only up to 200 units.*