

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

*Re logged to Ligggett on 3/31/14 Change due date to 4/8/14*

TO	<i>Ligggett</i>
DATE	<i>3-19-14</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000326	1 I Prepare reply for the Director's signature	DATE DUE
2. DATE SIGNED BY DIRECTOR		<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE
		1 I FOIA	DATE DUE
		1 I Necessary Action	DATE DUE

APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Clinton County Industrial Park  
121 North Road  
McElhattan, PA 17748  
(670)768-4887  
(570)768-4869 Fax

**Fax**

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

MAR 19 2014

**RECEIVED**

**First Quality**

<b>To:</b>	ANTHONY KECK	<b>From:</b>	Glendaly V Holland
<b>Fax:</b>	803-898-4515	<b>Date:</b>	March 19, 2014
<b>Phone:</b>	803-898-2803	<b>Pages:</b>	1
<b>Re:</b>	HQPC Codes	<b>E-mail:</b>	gholland@firstquality.com

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

**Comments:**

As a manufacturer of disposable incontinence products, First Quality regularly receives calls from DME/HME providers concerning Medicaid fee schedule reimbursement for the following codes:

- A4335, A4520, A4554, T1999 and T5999
- All HQPCs in the range of T4521-T4554

In order to better serve our customers, can you please provide us with updated max units and reimbursement per day or month? If there is a link on your website, please let me know.

We are also requesting annual claims data for the same HQPCs, to include the following information:

- Total spend per provider by HQPC
- Provider address and contact information
- Preference would be to have the report on Excel

If the claims data requires payment to cover expenses borne by the state, please advise us of the estimated cost and we will remit payment immediately.

If the claims data requires a separate process, or submission through your Freedom of Information Act Department, please advise a point of contact to pursue the request.

Please return all correspondence to my attention at [gholland@firstquality.com](mailto:gholland@firstquality.com) or via fax.

Thank you for your assistance.


RECEIVED

MAR 24 2013

Department of Health & Human Services  
Office of Health Programs

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	
DATE	3-19-14

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000326		1 Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR _____		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>4/8/14</u> _____	
		1 FOIA DATE DUE _____	
		1 Necessary Action DATE DUE _____	

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1.			
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Clinton County Industrial Park  
121 North Road  
McElhattan, PA 17748  
(670)788-4987  
(670)788-4989 Fax

**Fax**



**RECEIVED**

MAR 19 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

<b>To:</b>	ANTHONY KECK	<b>From:</b>	Glendaly V Holland
<b>Fax:</b>	803-898-4615	<b>Date:</b>	March 19, 2014
<b>Phone:</b>	803-898-2803	<b>Pages:</b>	1
<b>Re:</b>	HQPC Codes	<b>E-mail:</b>	gholland@firstquality.com

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

**Comments:**

As a manufacturer of disposable incontinence products, First Quality regularly receives calls from DME/HME providers concerning Medicaid fee schedule reimbursement for the following codes:

- A4335, A4520, A4554, T1999 and T5999
- All HQPCs in the range of T4521-T4554

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- Total spend per provider by HQPC
- Provider address and contact information
- Preference would be to have the report on Excel

If the claims data requires payment to cover expenses borne by the state, please advise us of the estimated cost and we will remit payment immediately.

If the claims data requires a separate process, or submission through your Freedom of Information Act Department, please advise a point of contact to pursue the request.

Please return all correspondence to my attention at [gholland@firstquality.com](mailto:gholland@firstquality.com) or via fax.

Thank you for your assistance.

**Cynthia Gore**

**From:**  
**Sent:**  
**To:**  
**Subject:**

Brenda James  
Monday, March 31, 2014 12:14 PM  
Cynthia Gore; Annmarie McCanne  
RE: Log Letter 000326 - First Quality - DME/HME

Sound good to me, thanks guys, b]



**Brenda James**  
*Administrative Coordinator I*  
JAMESBR@scdhhs.gov  
803.898.2580  
www.scdhhs.gov



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**From:** Cynthia Gore  
**Sent:** Monday, March 31, 2014 11:50 AM  
**To:** Brenda James; Annmarie McCanne  
**Subject:** RE: Log Letter 000326 - First Quality - DME/HME

Hello,  
No, it's in my office. If you can't use the scanned in copy, I'll give you original tomorrow.  
Thanks,



**Cynthia Gore**  
*Executive Assistant II*  
Cynthia.Gore@scdhhs.gov  
803.898.3202  
1801 Main Street, 11th Floor  
Columbia, South Carolina - 29201  
www.scdhhs.gov



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**From:** Brenda James  
**Sent:** Monday, March 31, 2014 9:33 AM  
**To:** Cynthia Gore; Annmarie McCanne  
**Subject:** RE: Log Letter 000326 - First Quality - DME/HME

Good morning ladies, did I get the blue sheet back? Thx, bj



**Brenda James**  
**Administrative Coordinator I**  
JAMESBR@scdhhs.gov  
803.898.2580  
[www.scdhhs.gov](http://www.scdhhs.gov)



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**From:** Cynthia Gore  
**Sent:** Monday, March 31, 2014 4:36 AM  
**To:** Brenda James; Annmarie McCanne  
**Subject:** FW: Log Letter 000326 - First Quality - DME/HME

Hello,  
Per Val, this log letter needs to be forwarded to the CLTC program because they manage incontinence supplies and has access to what is being requested.



**Cynthia Gore**  
**Executive Assistant II**  
Cynthia.Gore@scdhhs.gov  
803.898.3202  
1801 Main Street, 11th Floor  
Columbia, South Carolina - 29201  
[www.scdhhs.gov](http://www.scdhhs.gov)



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**From:** Cynthia Gore  
**Sent:** Friday, March 28, 2014 5:20 PM  
**To:** Nathaniel Patterson; Valeria Williams  
**Cc:** Stephanie Cox  
**Subject:** Log Letter 000326 - First Quality - DME/HME

Hello,  
Please find attached log letter 000326. Please forward a copy of the response to me. Thanks



**Cynthia Gore**  
*Executive Assistant II*  
Cynthia.Gore@scdhhs.gov  
803.898.3202  
1801 Main Street, 11th Floor  
Columbia, South Carolina - 29201  
[www.scdhhs.gov](http://www.scdhhs.gov)



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**RECEIVED**  
 MAR 24 2013  
 Department of Health & Human Services  
 Office of Health & Human Services

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF DIRECTOR**  
**ACTION REFERRAL**

TO	Liggitt/Smith
DATE	3-19-14

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER	000326	<input type="checkbox"/> I Prepare reply for the Director's signature	DATE DUE
2. DATE SIGNED BY DIRECTOR		<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE 4-8-14
		<input type="checkbox"/> I FOIA	DATE DUE
		<input type="checkbox"/> I Necessary Action	DATE DUE

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**Fax**

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121 North Road  
McElhattan, PA 17748  
(717)769-4987  
(717)769-4989 Fax



**RECEIVED**

MAR 19 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

To:	ANTHONY KECK	From:	Glendy V Holland
Fax:	803-898-4516	Date:	March 19, 2014
Phone:	803-898-2803	Pages:	1
Re:	HCP Codes	E-mail:	gholland@firstquality.com
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Reply			

As a manufacturer of disposable incontinence products, First Quality regularly receives calls from DME/HME providers concerning Medicaid fee schedule reimbursement for the following codes:

- A4335, A4520, A4554, T1999 and T5999
- All HCPs in the range of T4521-T4554

In order to better serve our customers, can you please provide us with updated max units and reimbursement per day or month? If there is a link on your website, please let me know.

We are also requesting annual claims data for the same HCPs, to include the following information:

- Total spend per provider by HCP
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If the claims data requires a separate process, or submission through your Freedom of Information Act Department, please advise a point of contact to pursue the request.

Please return all correspondence to my attention at [gholland@firstquality.com](mailto:gholland@firstquality.com) or via fax.

Thank you for your assistance.


Annmarie McCanne

**From:** Cynthia Gore  
**Sent:** Monday, March 31, 2014 4:36 AM  
**To:** Brenda James; Annmarie McCanne  
**Subject:** FW: Log Letter 000326 - First Quality - DME/HME  
**Attachments:** Log letter 000326 - First Quality - DME-HME - due March 31, 2014 - to Nate and Val.pdf

Hello,  
Per Val, this log letter needs to be forwarded to the CLTC program because they manage incontinence supplies and has access to what is being requested.

---

**Cynthia Gore**  
*Executive Assistant II*  
Cynthia.Gore@scdhhs.gov  
803.898.3202  
1801 Main Street, 11th Floor  
Columbia, South Carolina - 29201  
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**Healthy Connections**  
SOUTH CAROLINA  
MEDICAID

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---


**From:** Cynthia Gore  
**Sent:** Friday, March 28, 2014 5:20 PM  
**To:** Nathaniel Patterson; Valeria Williams  
**Cc:** Stephanie Cox  
**Subject:** Log Letter 000326 - First Quality - DME/HME

Hello,  
Please find attached log letter 000326. Please forward a copy of the response to me. Thanks

---

**Healthy Connections**  
SOUTH CAROLINA  
MEDICAID

**Cynthia Gore**  
*Executive Assistant II*  
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South Carolina Department of  
Health & Human Services

Anthony E. Keck, Director  
Nikki R. Haley, Governor

## FAX COVER SHEET

"CONFIDENTIAL INFORMATION ATTACHED"

DATE:

11.15.14

TO:

Ms. O'Connell

Telephone #:

Fax #:

FROM:

SCDHHS - CLTQ

Total Number of Pages Transmitted: 10 (Including Cover Sheet)

COMMENTS:

**Confidentiality Note**  
This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this in error, please notify us immediately and destroy the related message. Thank you.

April 10, 2014

Dear Ms. Holland,

You recently requested the following information:

- Medicaid fee schedule for reimbursement (A4335, A4520, A4554, T1999, T5999 and all HCPC in the range of T4521-T4554)
- Annual claims data for those HCPC's to include:
  - Total spent per provider by HCPC
  - Provider address and contract information

The following information has been attached at your request:

- List of Incontinence Supply Providers
- Expenditures By Services from March 2013 to March 2014
- Current Reimbursement Rates and Authorization Amounts

This information is also available in the Community Long Term Care Provider Manual, Section 2 Policies and Procedures, CLTC Waiver Supply Providers.

If you need any additional information, please do not hesitate to contact us.

Sincerely,



Tony Matthews

Program Coordinator II

Community Long Term Care

TM/rp

Name	Email(s)
A Plus Medical Supplies	woodsgwendolyn@gmail.com; cpauplus2@wmconnect.com
Ace Medical LLC	ACEMEDICL@SC.RR.COM
Advanced Home Care Inc.	Darielle.Forbes@advhomecare.org; Jennifer.Zarate@advhomecare.org
Advanced Medical Group LLC.	elizabethm@amgrx.com; REFERRALS@AMGRX.COM
Advocate Medical Services	vmashburn@activstyle.com; CSanabria@activstyle.com; BryanN@activstyle.com
Affordable Medical Home Supply	medicalsupplies@att.net; info@aaacares4u.com
Aftercare Medical Equipment	afhhampton@yahoo.com; billing.aftercare@gmail.com
Aftercare Medical Equipment	denisebranham@gmail.com
Aftercare Medical Equipment	taraymccants@gmail.com; rayabroughton@gmail.com
Airport Pharmacy	houstondebbe77@yahoo.com
Airway Medical Supplies	carole@airportpharmacysc.com; paula@airportpharmacysc.com
Alice Wright	JANICERAINS49@YAHOO.COM; 4MBAKER@BELLSOUTH.NET
All Medical Inc.	alivr@live.com
Anderson Pharmacy	eh@allmedicalinc.com; cyndy@allmedicalinc.com
Aynor Home Medical Equipment	Andersonpharmacy419@yahoo.com; Andersonpharmacy419@yahoo.com
Barnberg Medical Equipment	afp2000@scoast.net
Banks Drugs Inc	BMEkela@yahoo.com; billing.aftercare@gmail.com
Barnwell Health Investors	BoBanks1963@aol.com
Beaufort Medical Equipment	beaufortmedequip@yahoo.com
Billing Specialists Inc	mdinius@bsidme.com; tresler@bsidme.com
Blacks Drug Store	blacksdrug@truvista.net
Blythewood Professional DR	
Bridgers Drug Store	bridgersdrugstore@yahoo.com; bridgersdrugstore2@yahoo.com
Brightchoice Medical Inc.	
Bryant Pharmacy And Supply	carecall@bryantrx.com
Buford Street Home Medical	bufordsthomed@bellsouth.net
CARESC HME LLC	RAYCARERX@YAHOO.COM; beachyobm@gmail.com; southernssassyfrass@yahoo.com
Caring Hands Health Equipm	rosebacon@aol.com; obiebacon@aol.com
Carolina Care Medical Supplies	michelleposton@rocketmail.com; angel.carolinacare@yahoo.com
Cash Discount Drug Store	jameshodge60@yahoo.com
CFP Supplies	cfp1supplies@aol.com
Chair and Equipment Rental	

Chuck's Pharmacy	sgrrooms1291@yahoo.com
Comfort Home Health Care	sam.chhc@gmail.com; todd.chhc@gmail.com
Community Life Link LLC	cliffeline@bellsouth.net; reaves346@yahoo.com
CONGAREE HOME MEDICAL INC	cheryl.congaree@gmail.com
Crossway Medical	
CYPRESS MEDICAL SUPPLY	emorris@clarendonhealth.com; klcarson@clarendonhealth.com
Daniels Pharmacy & DME	lhair@danielspharmacydme.com
Daniels Pharmacy Inc	
David D Fowler	
DELTA PHARMACY INC	jsalazar@delta-rx.com; awelch@delta-rx.com
Dominion Health Care LLC	
Drucker Drugs and Medical	druckerdrugs@yahoo.com; sdrucker@ftc-i.net
Eau Claire Medical Supply	eaucclairmed@gmail.com; mlfink1@gmail.com
Family Care Medical Supply	fcmsinc6979@yahoo.com; fc68869@sccoast.net; KEL.HARDWICK@YAHOO.COM; leecollins9621
First Choice Medical Equipment	fcmrs@sccoast.net
FIRST TWO CALL HOME CARE S	
Fords Drugs and Medical	fordshme@gmail.com
George Parks Pharmacy	parksphar@aol.com
Good Pharmacy Inc	
Greeleyville Pharmacy	wwwrogan@hotmail.com; wwwrogan@hotmail.com
Grove Park Pharmacy	mikaela@grovesparkpharmacy.com
Hartsville Drug Company Inc.	hdrugdme@gmail.com; firegirl818@gmail.com
Hawthorne Medical Equipment	angiep@hawthornesc.com; kimc@hawthornesc.com
Health Related Products Inc.	sandy@greenwood.net; hrprod@greenwood.net
Healthcare Etc LLC	Valarie@HealthcareEtcLLC.com; VSquirewell@aol.com
Heart of the Carolinas Med	heartofcarolinas@aol.com; heartofcarolinas@yahoo.com
HELPING HANDS MEDICAL	
Home Aide	homeaidedme@yahoo.com
Home Delivery Medical	
Home Medical Supplies & equip.	tinahmse@homesc.com
Home Oxygen and Medical	
Homecare Medical Aids Inc	
Homecare Medical Products	homecaremedical@charterinternet.com
Jamison's Pharmacy Inc.	

Ken's Thriftree Pharmacy  
 Landrum Drug Inc.  
 Laurens Drug Company  
 Lifeline Senior Services, Inc.  
 LIVEWELL MEDICAL INC  
 Livewell Medical INC  
 Longs Drugs of Ridgeland  
 Loris Drug store Inc.  
 Marlboro Drug Company Inc.  
 Mcleod Pharmacy  
 Med Center Pharmacy  
 Medicare Pharmacy  
 Medi Source Home Medical  
 Medifare Drug and Home Health  
 Medpoints Medical Specialties  
 Medsource Medical DME  
 Moons Drug Store INC  
 Morgans Pharmacy  
 MP Total Care Medical Inc  
 New Beginnings Diabetic & Home  
 Ocean Lakes Pharmacy Inc.  
 OWEN DRUG CO INC  
 Palmetto Home Medical Products  
 Palmetto Prosthetics and Ort  
 Palmetto RX Solutions Inc  
 Palmetto Seating and Mobility  
 Parental Labs and Nutrition  
 PARRISH HOME MEDICAL INC  
 PATIENTS FIRST MEDICAL EQU  
 Peak Medical Products Inc.  
 Performance Medical Supply  
 Pharmaceutical Health Care  
 Pharmacy Express  
 Preferred Care Pharmaceuticals

# THRIFTEK@BELLSOUTH.NET

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 angela@lifelineseniorservices.com; seniors@lifelineseniorservices.com  
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 marborodrug@bellsouth.net; royp4@aol.com  
 mpharmacy2@hotmail.com; mpharmacy1@sc.rr.com  
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 medicare\_dme@yahoo.com  
 tracey@medifaredrug.com; pat@medifaredrug.com  
 medpointshme@gmail.com  
 msm4u@bellsouth.net  
 dlkeaton@moonsmedical.com; brooke@moonsmedical.com  
 BMorganRx@gmail.com  
 peggyjohnson@gmail.com; newbeginnings11@gmail.com  
 jisantor@coastal.edu; oceanlakespharmacy@sc.rr.com  
 owendrugdme@yahoo.com  
 palmettomedical@bellsouth.net  
 gwilson@palmettorxsolutions.com; cowens@palmettorxsolutions.com  
 palmetto\_seating@charter.net  
 phhogreenville@bellsouth.net  
 tworkman@parishhomemedical.com; dan@parishhomemedical.com  
 DELORISS@PHCHEALTH.COM; YOLANDA@PHCHEALTH.COM  
 dena@pehme.com; khyatt@pehme.com  
 jenpoochmac@bellsouth.net; pcpx@bellsouth.net



Prescription Shoppe	daverph1@hotmail.com
Prestige Home Support	prestige01@msn.com; phomesupport@aol.com
Priority Health Care Equipment	dmoree74@yahoo.com; priorityhce@yahoo.com
Pro Med One Inc.	dslocum@promedone.com; nthornhill@promedone.com
Professional Pharmacy	profpharm@bellsouth.net
Professional Pharmacy	PROFPHARDME@AOL.COM
R & J Drugs	rgainey@randjdrugs.com; tbalthaser@randjdrugs.com
Reliable Medical Equipment	
Reliable Medical of Conway	jordan.justin@aerocareusa.com
Respiratory Products Inc.	respsoln@aol.com; homerph@aol.com
Responsive Solutions Inc.	virgie@rileysdrugs.com; rileys@rileysdrugs.com
Rileys Drugs Inc	rivers01@tds.net
Rivers Pharmacy Inc.	RuthLouis1@ftc-i.net
Ruth Louis Medical Supplies	PROFPHARDME@AOL.COM; DME@ProRx.com
Sammeth Drugs	
Sandhills Pharmacy Inc.	paul@mysoutheastmedical.com; gary@mysoutheastmedical.com
Southeast Medical	spartanh@bellsouth.net
Spartan Health Services Inc	
SPECIALIZED MOBILITY LLC	tammi@sterlingpharmacy.net; twittle64@gmail.com
Sterling Pharmacy Systems	mwmcarthur@yahoo.com; mwmcarthur@yahoo.com
Summerton Drug Inc.	boutlaw@sumtercutratedrugs.com
Sumter Cut Rate Drugs	
<b>SUNBELT MEDICAL RESOURCES</b>	
The Medicine Mart	lachandra@medmartalken.com
Tri State Medical Supplies	barbara@tri-statemedical.net; doris@tri-statemedical.net
Triangle Pharmacy and Home	deannab@sc.rr.com; cbalestrero@sc.rr.com
Tristate Medical Services	tristatemedtr@gmail.com
Tucker-Wells Medical	tuckermedical@bellsouth.net
<b>UPSTATE MEDICAL AND MOBILI</b>	
Upstate Medical Supply LLC	
Uromed Inc	
Value Medical Inc	KBurmett@valuemedical.com; jguy@valuemedical.com
Wannamaker Drugs/ Bridges and Ja	wannamaker@bellsouth.net; gswank@wannamakerdrug.com
We Care Durable Medical Supply	

# Expenditures By Services From March 2013 to March 2014

## Individual Services

service	billable_amount
Adult Diapers - Extra Large	\$ 304,427.52
Adult Diapers - Large	\$ 257,295.36
Adult Diapers - Medium	\$ 179,907.84
Adult Diapers - Small	\$ 33,659.52
Adult Wipes	\$ 399,884.31
Bariatric Diapers	\$ 349,666.56
Brief - Adult Extra Large	\$ 870,604.80
Brief - Adult Large	\$ 757,680.00
Brief - Adult Medium	\$ 516,024.00
Brief - Adult Small	\$ 135,804.00
Brief - Pediatric Large	\$ 24,076.80
Brief - Pediatric Small	\$ 10,898.40
Brief - Youth	\$ 109,168.00
Diapers - Youth	\$ 37,895.04
Incontinence Pads	\$ 173,955.60
Med Pads (Chux)	\$ 1,476,139.68
Pediatric Diapers - Large	\$ 51,796.80
Pediatric Diapers - Small	\$ 15,379.20
<b>Total</b>	<b>\$ 5,704,263.43</b>

## Combined Services

service	billable_amount
Diapers/Briefs	\$ 3,654,283.84
Incontinence Pads	\$ 173,955.60
Med Pads	\$ 1,476,139.68
Wipes	\$ 399,884.31
<b>Total</b>	<b>\$ 5,704,263.43</b>

**SECTION 2 POLICIES AND PROCEDURES****CLTC WAIVER SUPPLY PROVIDERS****AUTHORIZATIONS FOR  
INCONTINENCE PRODUCTS**

Providers must deliver products based on authorizations received from case managers/nurses and service coordinators/early interventionists working with participants. SCDHHS/SCDDSN will not authorize or pay for incontinence products for children under age 4.

The authorizations will provide the frequency of delivery and the participant information necessary to provide the incontinence products. Authorizations may provide for monthly, bi-monthly, or other frequency arrangements. However, incontinence products will not be delivered more frequently than monthly for each authorized participant. For authorizations that indicate an amount on a per case basis, the case quantity is as listed on the following table:

**Current Reimbursement Rates and Authorization Amounts**

Service	Rate	Maximum Frequency	Quantity Authorized	Procedure Code
Bariatric Diaper	\$1.27/diaper	Monthly	96	T4543
ADULT x-large	\$0.73/diaper	Monthly	96	T4524
Adult Large	\$0.56/diaper	Monthly	96	T4523
Adult Medium	\$0.46/diaper	Monthly	96	T4522
Adult Small	\$0.47/diaper	Monthly	96	T4521
Pediatric Diaper Small	\$0.45/diaper	Monthly	96	T4529
Pediatric Diaper Large	\$0.45/diaper	Monthly	96	T4530
Pediatric Brief Small	\$0.57/diaper	Monthly	80	T4531
Pediatric Brief Large	\$0.57/diaper	Monthly	80	T4532
Youth Diaper	\$0.47/diaper	Monthly	96	T4533
Adult Brief Extra Large (protective underwear)	\$0.78/brief	Monthly	80	T4528
Adult Brief Large (protective underwear)	\$0.60/brief	Monthly	80	T4527

## SECTION 2 POLICIES AND PROCEDURES

## CLTC WAIVER SUPPLY PROVIDERS

AUTHORIZATIONS FOR  
INCONTINENCE PRODUCTS  
(CONT'D.)

Service	Rate	Maximum Frequency	Quantity Authorized	Procedure Code
Adult Brief Medium (protective underwear)	\$0.54/brief	Monthly	80	T4526
Adult Brief Small (protective underwear)	\$0.57/brief	Monthly	80	T4525
Youth Brief (protective underwear)	\$0.70/brief	Monthly	80	T4534
Incontinence Pads	\$0.21/pad	Monthly	130	T4535
Under Pads	\$30.56/case	Monthly	1	A4554
Wipes	\$4.89/box	Monthly	70	T5999

All authorizations for incontinence products must utilize the codes established in the table above. The provider is expected to package these items in accordance with the quantity authorized in the table above, even if repackaging is required. After the initial delivery to the participant, future deliveries of the product to the participant must be at the same time of the month as the first delivery and at the frequency established by the authorization.

For any new initial authorizations, the supplies must be shipped within three business days of the provider receiving the authorization and must be received by the participant within one week of the provider's receipt of the authorization.

The provider shall not charge participants additional fees or surcharges; the unit rate reflected in the table above is the price reimbursed to Medicaid providers for incontinence products.

If the provider is unable to provide products as scheduled, the provider must contact the participant by telephone no less than five business days before the scheduled delivery