

ATTACHMENT - INCONTINENCE SUPPLIES

TOS*	Procedure Code	Long Description	Age Range	Modifier	CURRENT		PROPOSED	
					Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
9	T4528	adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	21-999	U1	Not a Benefit	Not a Benefit	\$1.50	\$1.50

*Type of Service (TOS)	
9	Other Durable Medical Equipment
Modifier	
U1	Bariatric size