



PHILADELPHIA CORPORATION FOR AGING™

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## **LTC (OPTIONS / AGING WAIVER) - DME SUPPLY LIST**

**Fiscal Year 2019**

**July 1, 2018 – June 30, 2019**

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**\*\*\*\*NOTE: The Office of Long Term Living (OLTL) has issued changes to the Aging Waiver Program procedure codes and service names effective 6/1/12; in those changes all Durable Medical Equipment (DME) will utilize the procedure code T2029.**

**Item Code Description:**

example - **A-01-0010**

<b>A</b>	=	Identifies the list the item is from
<b>01</b>	=	The group the item is from on the list
<b>0010</b>	=	Identifies which item in the group is being ordered
	=	The last digit identifies if there are different sizes or types of the same product that are being ordered
	=	0000 - 2990 Identifies PCA/PDA paid items
	=	3000 - 5990 Identifies Medicare paid items
	=	6000 - 9990 Identifies MA paid items

If the item on the list is covered by Medicare or MA the Item Code would be, as in the example item:  
A-01-3010 for Medicare or A-01-6010 for MA.

**PHILADELPHIA CORPORATION FOR AGING  
LTC (OPTIONS / AGING WAIVER) - DME SUPPLY LIST / FY 16  
A. NON-CONSUMABLE MEDICAL SUPPLIES**

Item Code	MA code	MC Y/N	Manufacturer	Item Description	Unit Price
<b>This list establishes a limited range of non-MA/Medicare covered medical supplies and equipment. The list also includes those commonly used MA/Medicare Fee Schedule items. All items that are MA or Medicare reimbursable are to be obtained through 3rd party first. The Options/ Aging Waiver Programs are the payor of last resort.</b>					
<b>Installation</b>					
A-01-0010				Installation Cost of 1st Wall Grab Bar or Shower Hose at a home visit	20.00
A-01-0020				Installation Cost of each additional Wall Grab Bar or Shower Hose during same home visit	12.00
<b>Grab Bars – For Consumer with MA, a single grab bar can be billed to MA, but not the installation. PCA will pay for any additional grab bars and all installations.</b>					
A-02-0010	E0241			16" Wall Grab Bar (Chrome Knurled)	16.50
A-02-0020	E0241			12" Wall Grab Bar (Chrome Knurled)	15.50
A-02-0030	E0241			18" Wall Grab Bar (Chrome Knurled)	17.00
A-02-0040	E0241			24" Wall Grab Bar (Chrome Knurled)	18.00
<b>Bathing Equipment</b>					
A-03-0010	NA		Lumex 6985	Hand held shower w/ nozzle and 60-69" of tubing – without diverter	16.40
A-03-0020	NA		Lumex 6985 with Alsons 4922 diverter	Hand held shower with diverter (Alsons diverter valve in brass) and 71" tubing	26.00
A-03-0030	NA		Sammons BK #6260	Portable hand held shower – fits over faucet	12.00
A-03-0060	E0240		Generic	Bath/shower chair, with or without wheels, any size	39.20

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A-03-0070	E0247		Generic	Transfer bench to tub or toilet, with or without commode opening	92.00
A-03-0120	E0247		Generic	Tub stool or bench	92.00
<b>Toileting Equipment</b>					
A-04-0010	E0325	Y	GENERIC	Urinal, jug type - male	6.00
A-04-0011	E0326	Y	GENERIC	Urinal, jug type - female	6.00
A-04-0020	E0275	Y	GENERIC	Bed Pan- standard, metal or plastic	9.50
A-04-0030	E0276	Y	GENERIC	Bed Pan , Fracture (Metal or Plastic)	12.45
A-04-0040	E0244		Lumex 6487	Raised Plastic Toilet Seat, with or without rails	45.00
A-04-0080	E0243		GENERIC	Toilet Rail, each	39.50
A-04-0090	E0165	Y	GENERIC	Commode w/ detachable arms (non-padded seat)	68.20 Rent 15.79
A-04-0120	E0168	Y	GENERIC	Extra wide and/or heavy duty commode chair, with or without arms	115.50 Rent 10.97
A-04-0130	E0167	Y	All Manufacturers	Commode Bucket Replacement	7.29
A-04-0160	E0163	Y	GENERIC	Regular Commode , w. fixed arms	68.20 Rent 22.00
<b>Canes and Crutches</b>					
A-06-0010	E0100	Y	GENERIC	Cane-all materials, adjustable or fixed w/tip	14.00
A-06-0020	E0105	Y	GENERIC	Cane , quad or three prong, includes canes of all materials, adjustable or fixed, with tips	35.00

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<b>Walker Equipment and Replacement Items</b>					
A-07-0010	E0130	Y	GENERIC	Walker, rigid (pickup), adjustable or fixed height	45.00
A-07-0020	E0135	Y	GENERIC	Walker, folding (pickup), adjustable or fixed height	63.00
A-07-0040	E0143	Y	GENERIC	Walker, folding, with 5" wheels, adjustable or fixed height, without seat. Rental cost, revised eff. 5/30/11	93.68 Rent 19.52
A-07-0050	E0155	Y	GENERIC	5 in. Walker Wheels/pair, for a Standard Walker	23.51
<b>Patient Lifts and Replacement Items</b>					
A-09-0030	E0630	Y	GENERIC	Patient Lift (Hoyer-type Lift), with sling or seat	572.00 Rent 60.00
<b>Hospital Bed Equipment and Replacement Items</b>					
A-10-0010	E0294	Y	GENERIC	Hospital bed- semi-electric head and foot adjustments w/mattress	1160.00 Rent 90.00
A-10-0020	E0255	Y	GENERIC	Hospital bed- w/side rails, variable height, w/mattress Rental cost revised eff. 5/30/11	910.00 Rent 103.40
A-10-0030	E0260	Y	GENERIC	Hospital bed- W/side rails, semi-electric, head/foot adjustments, w/ mattress Rental cost revised eff. 5/30/11	1295.00 Rent 126.99
A-10-0040	E0265	Y	GENERIC	Hospital Bed -Totally electric, w/side rails, head/foot adjustments w/mattress	1840.00 Rent 175.00
A-10-0050	E0303	Y Rent	GENERIC	Extra Wide, Heavy Duty, Hospital Bed, w. mattress (rent)	180.00 Rent 233.52
A-10-0060	E0271	Y	GENERIC	Mattress, innerspring type Rental cost revised eff. 5/30/11	180.00 Rent 20.85
A-10-0070	E0272	Y	GENERIC	Mattress, foam rubber Rental cost revised eff. 5/30/11	150.00 Rent 19.10
	E0305	Y	GENERIC	Bedrails for hospital beds--per set – half length	67.50

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A-10-0080					
A-10-0081	E0310	Y	GENERIC	Bedrails - per set - full length	67.50
A-10-0100	E0910	Y	GENERIC	Trapeze Bars- bed attached w/grab bars - Revised eff. 10/5/09	275.00 Rent 18.10
A-10-0110	E0940	Y	GENERIC	Trapeze Bars- Free Standing, w/grab bars	242.00 Rent 25.00
A-10-0140	E0705	Y	GENERIC	Transfer Board, any type	42.66 Rent 4.27
<p><b>Decubiti Care Equipment: Alternating Pressure Mattresses and Powered Air Flotation beds will be the Medicare rental rate for Region A, or as specified by other third party insurance. Options and Aging Waiver programs are the payor of last resort</b></p>					
A-11-0020	E0181	Y	GENERIC	Pressure Pad, Alternating with Pump, Heavy Duty	250.00 Rent 23.06
A-11-0040	E0197	Y	GENERIC	Air Pressure Pad for Mattress , standard mattress length and width	109.00
A-11-0050	E0277	Y	GENERIC	Alternating Pressure Mattress - <b>rental</b> (Medicare = \$615.66/mo.)	615.66
<p><b>Wheelchair Equipment and Transport Chairs</b></p>					
A-12-0020	K0001	Y	GENERIC	Wheelchair- Standard, fixed full length arms, fixed or swing detachable foot rests	494.03 Rent 47.05
A-12-0030	K0011	Y	GENERIC	Wheelchair-Motorized Electric, detachable arms and leg rests	4709.80 Rent 440.32
A-12-0040	K0003	Y	GENERIC	Wheelchair- Lightweight, swing and detachable foot rests	818.06 Rent 77.92
A-12-0050	E1031	Y	GENERIC	Roll about chair, any and all types, w. 5" castors or greater, w/ footrests	288.00 Rent 35.00

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<p><b>Oxygen Equipment and Supplies: These items are priced on a case by case basis.</b></p>					
A-13-0020	E1390	Y	GENERIC	Oxygen Concentrator, single post - monthly rental - Revised eff. 8/30/10	Rent 173.17
<p><b>Diabetic Equipment</b></p>					
A-14-0010	E0607	Y		Home Blood Glucose Monitor)	60.18
A-14-0020	A4258	Y		Spring powered device for Lancet (used in conjunction with Blood Glucose monitor) (Medicare: \$17.26)	17.26
<p><b>Miscellaneous Non-Consumable Medical Equipment</b></p>					
A-15-0080	NA		GENERIC	<b>Air Conditioner</b> ; window unit – 5000 BTU; 110v grounded power cord. Note: item to fit standard window dimensions; unit cost to include installation in the window.	259.00
A-15-0090	NA		GENERIC	<b>Air Conditioner</b> ; window unit – 10,000 BTU; 110v grounded power cord. Note: item to fit standard window dimensions; unit cost to include installation in the window.	459.00
A-15-0100	NA	Y*	Golden Tech , Value series “Capri” , or equivalent	<b>Electric Lift Chair – Small ; 325 lb. weight capacity; Walnut Vinyl - Eff. 5/1/10 (*Medicare covers lift mechanism only, under specific criteria and prior authorization)</b>	510.00
A-15-0101	NA		Golden Tech , Value series “Capri” , or equivalent	<b>Electric Lift Chair – Small ; 325 lb. weight capacity; Walnut Vinyl - Eff. 5/1/10 CHAIR ONLY</b>	232.20
A-15-0102	NA	Y*	Golden Tech, Value series “Monarch Md” or equivalent	<b>Electric Lift Chair – Medium; 375 lb. weight capacity; Walnut Vinyl – eff. 5/1/10 (*Medicare covers lift mechanism only, under specific criteria and prior authorization)</b>	540.00
A-15-0103	NA		Golden Tech, Value series “Monarch Md” or equivalent	<b>Electric Lift Chair – Medium; 375 lb. weight capacity; Walnut Vinyl – eff. 5/1/10 CHAIR ONLY</b>	262.20
A-15-0104	NA	Y*	Golden Tech, Value series, “Monarch Lg” or equivalent	<b>Electric Lift Chair – Large; 375 lb. weight capacity; Walnut Vinyl – eff. 5/1/10 (*Medicare covers lift mechanism only, under specific criteria and prior authorization)</b>	566.00
A-15-0105	NA		Golden Tech, Value series,	<b>Electric Lift Chair – Large; 375 lb. weight capacity; Walnut Vinyl – eff. 5/1/10</b>	288.20

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			“Monarch Lg” or equivalent	<b>CHAIR ONLY</b>	
A-15-0106	NA	Y*	Golden Tech, Comforter wide series, “Medium-26 double” or equivalent	<b>Electric Lift Chair – Medium double; 500 lb. weight capacity; Walnut Vinyl – eff. 5/1/10 (*Medicare covers lift mechanism only, under specific criteria and prior authorization)</b>	899.00
A-15-0107	NA		Golden Tech, Comforter wide series, “Medium-26 double” or equivalent	<b>Electric Lift Chair – Medium double; 500 lb. weight capacity; Walnut Vinyl – eff. 5/1/10 CHAIR ONLY</b>	671.20
A-15-0108	NA	Y	Golden Tech or equivalent	<b>LIFT MECHANISM ONLY; use for ALL of the electric lift chair models. Medicare’s payment subject to specific criteria and prior authorization, (**80% of approved amount \$347.25; subject to consumer having met annual deductible)</b>	277.80**
A-15-0109	NA			<b>Lift Chair co-pay / variable: cost of lift motor and any unmet third party insurance / Medicare deductible</b>	variable
A-15-0110	NA		AliMed	<b>Bed Sensor Pad, w. TR2 patient alarm system - Eff. 11/1/09</b>	110.00
A-15-0111	NA		AliMed	<b>Chair Sensor Pad, w. TR2 patient alarm system - Eff. 11/1/09</b>	105.00
A-15-0112	NA		AliMed	<b>Bed Sensor Pad (11” x 30”), only (replacement) - Eff. 11/1/09</b>	60.00
A-15-0113	NA		AliMed	<b>Chair Sensor Pad, only (replacement) - Eff. 11/1/09</b>	42.00
A-15-0114	NA		AliMed	<b>TR2 patient alarm, only - Eff. 11/1/09</b>	85.00
A-15-0120	NA		Generic	<b>Weight Scale; digital display; 350 lbs. capacity - Eff. 11/1/09</b>	52.00
A-15-0130	NA		Generic (e.g. Sony 900 Mhz or similar)	<b>Room Intercom (battery included) - Eff. 11/1/09</b>	39.00



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B. CONSUMABLE MEDICAL SUPPLY LIST**

Item Code	MA Code	MC Y/N	Manufacturer	Item Description	Individual Unit Price	Box/Bulk Price and Quantity
<p><b>The list includes those commonly used MA/Medicare Fee Schedule items. All items that are MA or Medicare reimbursable are to be obtained through 3rd party first. The Options / Aging Waiver Programs are the payor of last resort.</b></p>						
<p><b>Medicated Gauze/Pads/Enterostomal Supplies</b> All of the items in this category are covered under MA and Medicare when the wound being treated is Stage 2 – 4 depending on the Product.</p>						
B-02-0071	A6234	Y		Hydrocolloid dressing, wound cover - regular, pad size 16 sq. in. or less, without adhesive border, <b>each dressing</b>	5.89	
<p><b>Skin Cleansing and Protectant Products</b></p>						
B-04-0060			Carrington 104040, Bard, Coloplast Sween, or comparable generic	Moisture Barrier Cream – 7.0 oz.	5.50	
<p><b>Antiseptic Solutions</b></p>						
B-05-0060	N	Y		Sodium Chloride for Irrigation-Saline 1000cc <b>MEDICARE ONLY – MUST HAVE PRESCRIPTION</b>	6.26	
<p><b>Catheter Equipment and Supplies</b></p>						
B-06-0033	A4349	Y		Male external catheter – with or without adhesive, disposable, each.	0.83	
B-06-0050	A4357	Y	Baxter 5900 / Intermed 6210	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	6.19	
B-06-0060	A4358 A5112	Y	Medline DYND12451/Intermed 6021 / Convatec-Proslys	Leg Drainage Bag, with or without tube (Vinyl= A4358, Latex = A5112)	3.10	
B-06-0080	A4331			Extension drainage tubing, any type, any length, w. connector/adaptor, for use with urinary or urostomy pouch	2.12	

Item Code	MA Code	MC Y/N	Manufacturer	Item Description	Individual Unit Price	Box/Bulk Price and Quantity
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<p><b>Miscellaneous Consumable Medical Supplies</b></p>						
B-09-0010	A4927		Generic	Gloves, exam (non-sterile) – small ; 100/box – * MA limit 1 box/month		8.00 /box
B-09-0011	A4927		Generic	Gloves, exam (non-sterile) – medium ; 100/box * MA limit 1 box/month		8.00 /box
B-09-0012	A4927		Generic	Gloves, exam (non-sterile) – large ; 100/box *MA limit 1 box/month		8.00 /box
B-09-0112	A4510		TED	Anti-Embolic Stocking (white) - above the knee – large;; <b>each</b>	20.50	
B-09-0122	A4500		TED	Anti-Embolic Stocking (white) – below the knee – large; each	15.75	

**PHILADELPHIA CORPORATION FOR AGING  
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C. INCONTINENCE MEDICAL SUPPLY LIST**

Item Code	MA Code	MC Y/N	Manufacturer	Item Description	Individual Unit Price	Box/Bulk Price and Quantity
<b>The list includes those commonly used MA/Medicare Fee Schedule items. All items that are MA or Medicare reimbursable are to be obtained through 3rd party first. The Options / Aging Waiver Programs are the payor of last resort.</b>						
	****			<b>Skin Barrier Wipes</b> – are covered by MA Fee schedule, as with the other incontinence supplies, requires physician authorization. MA will cover up to 300 wipes per month.		
C-01-6005				Wipes	Varies	Varies
C-01-6020	T4536			Incontinence Pants, Nondisp. – medium - <b>Revised eff. 3/7/11</b>	13.00 <b>Eff. 3/7/11</b> 7.20	
C-01-6021	T4536			Incontinence Pants , Nondisp – large – <b>Revised eff. 3/7/11</b>	13.00 <b>Eff. 3/7/11</b> 7.20	
C-01-6022	T4536			Incontinence Pants , Nondisp – extra-large – <b>Revised eff. 3/7/11</b>	13.00 <b>Eff. 3/7/11</b> 7.20	
C-01-6030	T4540			Incontinence Cloth Liner, Nondisp.	10.85	
C-01-6040	T4535			Incontinence Liner, Disp., Reg. Absorbent / single pad - <b>Revised eff. 3/7/11</b>	.76 <b>Eff. 3/7/11</b> .40	*
C-01-6041	T4535			Incontinence Liner, Disp. Extra Absorbent / double pad – <b>Revised eff. 3/7/11</b>	.76 <b>Eff. 3/7/11</b> .40	*
C-01-6050	T4537			Underpads, Non Disp.	10.85	
C-01-6052	T4541			Underpads, Disp. (23" X 36") ** MA limit 60/month	0.38	
C-01-6060	T4521			Adult size disposable incontinence product, Brief/ Diapers, small	Each 0.63	*
C-01-6061	T4522			Adult size disposable incontinence product, Brief/ Diapers; medium	Each 0.65	*

Item Code	MA Code	MC Y/N	Manufacturer	Item Description	Individual Unit Price	Box/Bulk Price and Quantity
<b>The list includes those commonly used MA/Medicare Fee Schedule items. All items that are MA or Medicare reimbursable are to be obtained through 3rd party first. The Options / Aging Waiver Programs are the payor of last resort.</b>						
C-01-6062	T4523			Adult size disposable incontinence product, Brief/ Diapers; large	Each 0.72	*
C-01-6063	T4524			Adult size disposable incontinence product, Brief/ Diapers; extra large	Each 0.72	*
C-01-6064	T4525			Adult-size disposable incontinence product, pull-up; small	Each 0.63	*
C-01-6065	T4526			Adult-size incontinence product, pull-up; medium	Each 0.65	*
C-01-6066	T4527			Adult-size incontinence product, pull-up, large size, each	Each 0.72	*
C-01-6067	T4528			Adult-size incontinence product, brief (pull-up), extra-large size, each	Each 0.72	*
C-01-6068	T4543			Disposable incontinence product, brief, bariatric, 2X size (60" – 69") - Effective 6/14	Each 1.62	*
C-01-6069	T4543			Disposable incontinence product, brief, bariatric, 3X size (65" – 90") - Effective 6/14	Each 1.62	*
C-01-6070	T4544			Disposable incontinence product, pull-up, bariatric, 2X size (60" – 69") - <b>Effective 6/14</b>	Each 1.25	*
C-01-6071	T4544			Disposable incontinence product, pull-up, bariatric, 3X size (65" – 90") – <b>Effective 6/14.</b>	Each 1.25	*

\* Note: quantity per case can vary with brand / manufacture type, confirm with provider when ordering.

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D. OCCUPATIONAL/ADAPTIVE SUPPLIES**

Item code	Manufacturer	Item Description	Unit Price
<p><b>Where manufacturer is not indicated or item is not available from the Sammons/Preston Catalog, the DME provider can make a comparable substitution from another manufacturer. The PCA care manager needs to be informed of such substitutions.</b></p>			
<p><b>Miscellaneous</b></p>			

**LTC (OPTIONS / AGING WAIVER) - DME SUPPLY LIST / FY 16**  
**E. REPAIRS**

Item code	MA Code	MC Y/N	Item Description	Unit Cost
H-01-0010	E1340		Repair or non-routine service for durable medical equipment covered by MA Fee Schedule, requiring the skill of a technician, labor component, per 15 minutes = 1 unit ; (\$25/hr. =4 units)	6.25
			* Repair Evaluation – service fee for an in the home evaluation of equipment repair. <b>Note:</b> cost may be subject to product warranty coverage, whether it is privately owned equipment and/or equipment not obtained through the provider. Confirm first with the provider selected for referral.	25.00