

				New Rates Effective 7/1/2024					
				Geographical		Non-Geographical		Monroe County	
Service Description	Procedure Code	Billing Unit	Ratio	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates
Adult Dental	D0160UC	Unit	None	Unit rate cost negotiated by provider per procedure Maximum allowable unit cost is \$547.77					
Behavior Analysis - Level 1	H2019UCHP	QH	None	15.76	23.31	15.76	21.76	15.76	23.31
Behavior Analysis - Level 2	H2019UCHO	QH	None	13.76	21.15	13.76	21.15	13.76	21.15
Behavior Analysis - Level 3	H2019UCHN	QH	None	8.57	16.92	8.57	15.78	8.57	16.92
Behavior Assistant Services	H2019UCHM	QH	None	10.60	13.53	10.41	13.44	10.60	13.53
Behavioral Assessment	H2020UC	Unit	None	427.56	427.56	427.56	427.56	427.56	427.56
Consumable Medical Supplies	S5199UC	Unit	None	Maximum Allowable Rate is \$273.89					
Dietitian Services	97802UC	QH	None	11.32	15.57	11.14	14.76	11.51	15.81
Durable Medical Equipment	E1399UC	Unit	None	Maximum allowable rate is \$5,477.72					
Environmental Accessibility Adaptations	S5165UC	Unit	None	Maximum allowable rate is \$821.67					
Environmental Accessibility Adaptations - Assessment	S5165UCSC	Unit	None	Maximum allowable rate is \$876.43					
Life Skills Development - Level 1 (Companion)	S5135UC	QH	1:1	5.26	5.63	5.26	5.63	5.26	5.63
Life Skills Development - Level 1 (Companion)	S5135UC	QH	1:2	3.30	4.40	3.24	4.16	3.90	5.17
Life Skills Development - Level 1 (Companion)	S5135UC	QH	1:3	2.74	3.63	2.68	3.47	3.24	4.30
Life Skills Development - Level 2 (Supported Employment - Individual)	T2021UCHI	QH	None	8.67	10.61	8.39	10.05	8.80	10.77
Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:1	N/A	21.99	N/A	21.87	N/A	22.49
Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:3	N/A	16.11	N/A	15.92	N/A	16.65
Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:5	N/A	8.69	N/A	8.58	N/A	9.01
Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:6-10	N/A	6.83	N/A	6.70	N/A	6.83
Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:1	N/A	21.99	N/A	21.87	N/A	22.49
Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:3	N/A	16.11	N/A	15.92	N/A	16.65
Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:5	N/A	8.69	N/A	8.58	N/A	9.01
Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:6-10	N/A	6.83	N/A	6.70	N/A	6.83
Life Skills Development Level 4 - Prevocational	T2015UC	Hour	1:1	N/A	21.99	N/A	21.87	N/A	22.49

Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County	
				Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates
Life Skills Development Level 4 - Prevocational	T2015UC	Hour	1:3	N/A	16.11	N/A	15.92	N/A	16.11
Life Skills Development Level 4 - Prevocational	T2015UC	Hour	1:5	N/A	8.69	N/A	8.58	N/A	9.01
Life Skills Development Level 4 - Prevocational	T2015UC	Hour	1:6-10	N/A	6.83	N/A	6.70	N/A	6.83
Occupational Therapy	97530UC	QH	None	17.78	17.78	17.78	17.78	17.78	17.78
Occupational Therapy - Evaluation - 30 minutes	97165GOUC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Occupational Therapy - Evaluation - 45 minutes	97166GOUC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Occupational Therapy - Evaluation - Established Plan of Care 60 minutes	97167GOUC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Occupational Therapy - Reevaluation	97168GOUC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Personal Emergency Response System - Service	S5161UC	Unit	None	Maximum allowable rate is \$43.82					
Personal Emergency Response System - Installation	S5160UC	Unit	None	Maximum allowable rate is \$273.89					
Personal Supports - Quarter Hour	S5130UC	QH	1:1	5.69	6.07	5.69	6.07	5.69	6.78
Personal Supports - Quarter Hour	S5130UC	QH	1:2	3.96	4.93	3.92	4.78	4.32	5.32
Personal Supports - Quarter Hour	S5130UC	QH	1:3	3.42	4.25	3.39	4.15	3.75	4.63
Personal Supports - Day	S5130UCSC	Day	1:1	185.23	197.37	185.23	197.37	194.17	223.32
Personal Supports - Day	S5130UCSC	Day	1:2	125.61	156.13	123.99	151.56	142.78	171.45
Personal Supports - Day	S5130UCSC	Day	1:3	108.23	134.73	106.86	134.73	123.09	147.96
Personal Supports - Quarter Hour	S5130UCHA	QH	None	Negotiated maximum allowable rate is \$6.78					
Personal Supports - Day	S5130UCHO	Day	None	Negotiated maximum allowable rate is \$223.32					
Physical Therapy	97110UC	QH	None	17.78	17.78	17.78	17.78	17.78	17.78
Physical Therapy - Evaluation - 20 minutes	97161GPUC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Physical Therapy - Evaluation - 30 minutes	97162GPUC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Physical Therapy - Evaluation - 45 minutes	97163GPUC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Physical Therapy - Reevaluation	97164GPUC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Private Duty Nursing - LPN	T1000UC	QH	None	7.02	7.02	7.02	7.02	7.02	7.02
Private Duty Nursing - RN	T1000UCHN	QH	None	8.08	8.08	8.08	8.08	8.08	8.08
Private Duty Nursing - Assessment	T1000UCHM	QH	None	8.08	8.08	8.08	8.08	8.08	8.08
Residential Habilitation - Basic - Day	H0043UC	Day	None	62.18	62.18	57.84	57.84	69.41	69.41
Residential Habilitation - Basic - Month	T2023UC	Month	None	1,813.50	1,813.50	1,686.98	1,686.98	2,024.37	2,024.37

Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County	
				Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates
Residential Habilitation - Minimal - Day	H0043UCHI	Day	None	124.25	124.25	115.57	115.57	138.72	138.72
Residential Habilitation - Minimal - Month	T2023UCSC	Month	None	3,623.78	3,623.78	3,370.96	3,370.96	4,045.48	4,045.48
Residential Habilitation - Moderate - Day	H0043UCHM	Day	None	186.45	186.45	173.44	173.44	208.13	208.13
Residential Habilitation - Moderate - Month	T2023UCU4	Month	None	5,437.98	5,437.98	5,058.37	5,058.37	6,070.04	6,070.04
Residential Habilitation - Behavioral Focus - Extensive 1 - Day	T2020UCHM	Day	None	262.32	262.32	244.02	244.02	292.84	292.84
Residential Habilitation - Behavioral Focus - Extensive 1 - Month	T2023UCHO	Month	None	7,650.88	7,650.88	7,117.10	7,117.10	8,540.61	8,540.61
Residential Habilitation - Behavioral Focus - Extensive 2 - Day	T2020UCHN	Day	None	344.61	344.61	320.57	320.57	384.68	384.68
Residential Habilitation - Behavioral Focus - Extensive 2 - Month	T2023UCHP	Month	None	10,051.16	10,051.16	9,349.92	9,349.92	11,220.10	11,220.10
Residential Habilitation - Behavioral Focus - Minimal - Day	T2020UC	Day	None	129.98	129.98	120.89	120.89	145.08	145.08
Residential Habilitation - Behavioral Focus - Minimal - Month	T2023UCHM	Month	None	3,791.21	3,791.21	3,526.54	3,526.54	4,231.84	4,231.84
Residential Habilitation - Behavioral Focus - Moderate - Day	T2020UCHI	Day	None	195.03	195.03	181.41	181.41	217.69	217.69
Residential Habilitation - Behavioral Focus - Moderate - Month	T2023UCHN	Month	None	5,688.08	5,688.08	5,291.07	5,291.07	6,349.37	6,349.37
Residential Habilitation - Extensive 1 - Day	H0043UCHN	Day	None	250.78	250.78	233.28	233.28	279.93	279.93
Residential Habilitation - Extensive 1 - Month	T2023UCU6	Month	None	7,314.59	7,314.59	6,804.27	6,804.27	8,165.12	8,165.12
Residential Habilitation - Extensive 2 - Day	H0043UCHO	Day	None	329.47	329.47	306.48	306.48	367.78	367.78
Residential Habilitation - Extensive 2 - Month	T2023UCU9	Month	None	9,609.45	9,609.45	8,938.77	8,938.77	10,726.53	10,726.53
Residential Habilitation - Intensive Behavioral - Day Level 1	T2016UC	Day	None	363.57	363.57	363.57	363.57	363.57	363.57
Residential Habilitation - Intensive Behavioral - Day Level 2	T2016UCHM	Day	None	378.72	378.72	378.72	378.72	378.72	378.72
Residential Habilitation - Intensive Behavioral - Day Level 3	T2016UCHN	Day	None	404.47	404.47	404.47	404.47	404.47	404.47
Residential Habilitation - Intensive Behavioral - Day Level 4	T2016UCHO	Day	None	433.26	433.26	433.26	433.26	433.26	433.26
Residential Habilitation - Intensive Behavioral - Day Level 5	T2016UCHP	Day	None	454.46	454.46	454.46	454.46	454.46	454.46
Residential Habilitation - Intensive Behavioral - Day Level 6	T2016UCSC	Day	None	545.35	545.35	545.35	545.35	545.35	545.35
Enhanced Intensive Behavioral Residential Habilitation - Day	T2025UC	Day	None	1,123.98	1,123.98	1,045.56	1,045.56	1,412.62	1,412.62

Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County	
				Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates
Enhanced Intensive Behavioral Residential Habilitation - Month	T2023UCTG	Month	None	26,975.48	26,975.48	25,093.47	25,093.47	33,903.14	33,903.14
Enhanced Intensive Behavioral Residential Habilitation - Medical - Day	T2025UCSE	Day	None	1,052.71	1,052.71	979.26	979.26	1,323.08	1,323.08
Enhanced Intensive Behavioral Residential Habilitation - Medical - Month	T2023UCSE	Month	None	25,265.29	25,265.29	23,502.60	23,502.60	31,753.75	31,753.75
Residential Habilitation - Live-In	H0043UCSC	Day	1:1	202.67	248.14	188.53	230.82	226.24	276.99
Residential Habilitation - Live-In	H0043UCSC	Day	1:2	143.56	175.74	133.54	163.48	160.25	196.18
Residential Habilitation - Live-In	H0043UCSC	Day	1:3	123.05	150.65	114.46	140.14	137.36	168.17
Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Basic)	T2020UCHB	Day	None	N/A	48.81	N/A	44.47	N/A	56.04
Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Minimal)	T2020UCHK	Day	None	110.88	110.88	102.20	102.20	125.35	125.35
Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Moderate)	T2031UCHB	Day	None	173.08	173.08	160.07	160.07	194.76	194.76
Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Extensive 1)	T2031UCHI	Day	None	237.41	237.41	219.91	219.91	266.56	266.56
Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Extensive 2)	T2031UCHK	Day	None	316.10	316.10	293.11	293.11	354.41	354.41
Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Basic)	T2032UCHB	Month	None	N/A	1,406.83	N/A	1,280.31	N/A	1,617.70
Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Minimal)	T2032UCHI	Month	None	3,217.11	3,217.11	2,964.29	2,964.29	3,638.81	3,638.81
Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Moderate)	T2032UCHK	Month	None	5,031.31	5,031.31	4,651.70	4,651.70	5,663.37	5,663.37
Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Extensive 1)	T2030UCHI	Month	None	6,907.92	6,907.92	6,397.60	6,397.60	7,758.45	7,758.45
Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Extensive 2)	T2030UCHK	Month	None	9,202.78	9,202.78	8,532.10	8,532.10	10,319.86	10,319.86
Residential Nursing - LPN	T1001UC	QH	None	7.02	7.02	7.02	7.02	7.02	7.02
Residential Nursing - RN	T1002UC	QH	None	8.08	8.08	8.08	8.08	8.08	8.08
Residential Nursing - Assessment	T1001UCSC	QH	None	8.08	8.08	8.08	8.08	8.08	8.08
Respiratory Therapy	S5181UC	QH	None	17.78	17.78	17.78	17.78	17.78	17.78
Respiratory Therapy - Assessment	S5180UC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Respite - Quarter Hour (under 21 years of age only)	S5151UC	QH	1:1	5.86	6.17	5.86	6.17	5.86	6.17
Respite - Quarter Hour (under 21 years of age only)	S5151UC	QH	1:2	3.37	3.55	3.34	3.52	3.71	3.92

Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County	
				Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates
Respite - Quarter Hour (under 21 years of age only)	S5151UC	QH	1:3	2.81	2.93	2.78	2.90	3.06	3.24
Respite - Day (under 21 only)	S5151UCSC	Day	1:1	235.02	247.21	235.02	247.21	235.02	247.21
Respite - Day (under 21 only)	S5151UCSC	Day	1:2	134.83	141.99	133.64	140.83	148.51	156.33
Respite - Day (under 21 only)	S5151UCSC	Day	1:3	111.29	117.33	110.31	116.31	122.67	129.15
Skilled Nursing - LPN	T1001UCHM	Unit	None	31.56	31.56	31.56	31.56	31.56	31.56
Skilled Nursing - RN	T1002UCHN	Unit	None	34.45	34.45	34.45	34.45	34.45	34.45
Skilled Nursing - Assessment	T1001UCHO	QH	None	8.08	8.08	8.08	8.08	8.08	8.08
Skilled Respite - Quarter Hour	T1005UCTE	QH	1:1	7.02	7.02	7.02	7.02	7.02	7.02
Skilled Respite - Quarter Hour	T1005UCTE	QH	1:2	4.67	4.67	4.67	4.67	4.67	4.67
Skilled Respite - Day	S9125UCTE	Day	1:1	280.54	280.54	280.54	280.54	280.54	280.54
Skilled Respite - Day	S9125UCTE	Day	1:2	187.02	187.02	187.02	187.02	187.02	187.02
Special Home Medical Care	S9122UC	Day	None	Negotiated					
Special Home Medical Care - Month	S9122UCHI	Month	None	Negotiated					
Specialized Mental Health Counseling	H0046UC	QH	None	12.14	16.15	11.95	15.40	12.34	16.38
Specialized Mental Health Counseling Assessment	H0031UC	Unit	None	142.31	142.31	142.31	142.31	142.31	142.31
Speech Therapy	92507UC	QH	None	17.78	17.78	17.78	17.78	17.78	17.78
Speech Therapy Assessment - Speech Fluency	92521UC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Speech Therapy Assessment - Speech sound production	92522UC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Speech Therapy Assessment - Sound production with eval of language comp and expression	92523UC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Speech Therapy Assessment - Behavioral and qualitative analysis of voice and resonance	92524UC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84
Support Coordination	G9012UC	Month	None	N/A	181.55	N/A	181.55	N/A	181.55
Consultant - CDC	G9012UCU5	Month	None	N/A	181.55	N/A	181.55	N/A	181.55
Support Coordination (Enhanced)	G9012UCSC	Month	None	N/A	439.35	N/A	439.35	N/A	439.36
Consultant (Enhanced) - CDC	T2041UCU5	Month	None	N/A	439.35	N/A	439.35	N/A	439.35
Support Coordination (Limited)	T2022UC	Month	None	N/A	90.79	N/A	90.79	N/A	90.79
Consultant (Limited) - CDC	T2022UCU5	Month	None	N/A	90.79	N/A	90.79	N/A	90.79
Supported Living Coaching	97535UC	QH	None	6.64	8.90	6.50	8.42	6.75	9.02
Transportation - Mile	A0425UC	Mile	None	Negotiated					
Transportation - Month	T2002UC	Month	None	Negotiated					
Transportation - Trip	T2003UC	Trip	None	Negotiated					
Incontinence Supply; Miscellaneous	A4335UC	Item	None	Negotiated, maximum allowable rate is \$277.50					
Adhesive or Non-Adhesive; Disk or Foam Pad	A5126UC	Item	None	0.70	0.70	0.70	0.70	0.70	0.70
Adult Sized Disposable Incontinence Product, Brief/Diaper, Extra Large	T4524UC	Item	None	1.00	1.00	1.00	1.00	1.00	1.00

Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County	
				Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates
Adult Sized Disposable Incontinence Product, Brief/Diaper, Large	T4523UC	Item	None	0.89	0.89	0.89	0.89	0.89	0.89
Adult Sized Disposable Incontinence Product, Brief/Diaper, Medium	T4522UC	Item	None	0.77	0.77	0.77	0.77	0.77	0.77
Adult Sized Disposable Incontinence Product, Brief/Diaper, Small	T4521UC	Item	None	0.70	0.70	0.70	0.70	0.70	0.70
Adult Sized Disposable Incontinence Product, Protective Brief/Diaper, Over Extra Large	T4543UC	Item	None	1.69	1.69	1.69	1.69	1.69	1.69
Adult Sized Disposable Incontinence Product, Protective Underwear/Pull - On, Extra Large	T4528UC	Item	None	1.13	1.13	1.13	1.13	1.13	1.13
Adult Sized Disposable Incontinence Product, Protective Underwear/Pull - On, Large	T4527UC	Item	None	1.04	1.04	1.04	1.04	1.04	1.04
Adult Sized Disposable Incontinence Product, Protective Underwear/Pull - On, Medium	T4526UC	Item	None	0.94	0.94	0.94	0.94	0.94	0.94
Adult Sized Disposable Incontinence Product, Protective Underwear/Pull - On, Small	T4525UC	Item	None	0.87	0.87	0.87	0.87	0.87	0.87
Bedside Drainage Bottle With or Without Tubing, Rigid or Expandable	A5102UC	Item	None	7.43	7.43	7.43	7.43	7.43	7.43
Disposable Incontinence Product, Underwear/Pull-On, Bariatric	T4544UC	Unit	None	1.69	1.69	1.69	1.69	1.69	1.69
Disposable Liner/Shield/Guard/Pad/Undergarment, for Incontinence	T4535UC	Item	None	0.49	0.49	0.49	0.49	0.49	0.49
Disposable Underpads, All Sizes	A4554UC	Item	None	0.38	0.38	0.38	0.38	0.38	0.38
External Urethral Clamp or Compression Device (Not to be Used for Catheter Clamp)	A4356UC	Item	None	38.76	38.76	38.76	38.76	38.76	38.76
Female External Urinary Collection Device; Metal Cup	A4327UC	Item	None	17.87	17.87	17.87	17.87	17.87	17.87
Female External Urinary Collection Device; Pouch	A4328UC	Item	None	5.55	5.55	5.55	5.55	5.55	5.55
Indwelling Catheter; Foley Type, Three Way for Continuous Irrigation	A4346UC	Item	None	9.69	9.69	9.69	9.69	9.69	9.69
Indwelling Catheter; Foley Type, Two-Way, All Silicone	A4344UC	Item	None	5.93	5.93	5.93	5.93	5.93	5.93
Indwelling Catheter; Foley Type; Two-Way Latex With Coating	A4338UC	Item	None	6.84	6.84	6.84	6.84	6.84	6.84
Indwelling Catheter; Specialty Type	A4340UC	Item	None	7.43	7.43	7.43	7.43	7.43	7.43
Insertion Tray w/ Drainage Bag w/ Indwelling Catheter, Foley Type, 3-Way, Continuous Irrig	A4316UC	Item	None	11.84	11.84	11.84	11.84	11.84	11.84
Insertion Tray With Drainage Bag but Without Catheter	A4354UC	Item	None	4.31	4.31	4.31	4.31	4.31	4.31

Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County	
				Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates
Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way Latex	A4314UC	Item	None	11.84	11.84	11.84	11.84	11.84	11.84
Insertion Tray Without Drainage Bag and Without Catheter	A4310UC	Item	None	4.47	4.47	4.47	4.47	4.47	4.47
Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, Silicone	A4315UC	Item	None	11.84	11.84	11.84	11.84	11.84	11.84
Irrigation Tray with Bulb or Piston Syringe	A4322UC	Item	None	2.39	2.39	2.39	2.39	2.39	2.39
Irrigation Tray with Bulb or Piston Syringe, any purpose	A4320UC	Item	None	5.44	5.44	5.44	5.44	5.44	5.44
Irrigation Tubing Set for Continuous Bladder Irrigation, 3-Way Indwelling Foley Catheter	A4355UC	Item	None	2.80	2.80	2.80	2.80	2.80	2.80
Leg Strap; Foam or Fabric, Replacement Only	A5114UC	Item	None	6.14	6.14	6.14	6.14	6.14	6.14
Leg Strap; Latex, Replacement Only	A5113UC	Item	None	4.97	4.97	4.97	4.97	4.97	4.97
Male External Catheter, Specialty Type with integral collection chamber	A4326UC	Item	None	9.26	9.26	9.26	9.26	9.26	9.26
Ostomy Pouch, Closed, For Use on Barrier with Non-Locking Flange, with Filter	A4419UC	Item	None	1.54	1.54	1.54	1.54	1.54	1.54
Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large	T4530UC	Item	None	0.64	0.64	0.64	0.64	0.64	0.64
Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Small/Medium	T4529UC	Item	None	0.59	0.59	0.59	0.59	0.59	0.59
Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull - On, Large	T4532UC	Item	None	0.83	0.83	0.83	0.83	0.83	0.83
Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull - On, S/M	T4531UC	Item	None	0.77	0.77	0.77	0.77	0.77	0.77
Percutaneous Catheter/ Tube Anchoring Device, Adhesive Skin Attachment	A5200UC	Item	None	9.57	9.57	9.57	9.57	9.57	9.57
Perianal Fecal Collection Pouch with Adhesive	A4330UC	Item	None	5.76	5.76	5.76	5.76	5.76	5.76
Urinary Suspensory; with Leg Bag, with or without Tube	A5105UC	Item	None	15.98	15.98	15.98	15.98	15.98	15.98
Youth Sized Disposable Incontinence Product, Brief/Diaper	T4533UC	Item	None	0.72	0.72	0.72	0.72	0.72	0.72
Youth Sized Disposable Incontinence Product, Protective Underwear/Pull - On	T4534UC	Item	None	0.93	0.93	0.93	0.93	0.93	0.93