



PHILADELPHIA CORPORATION FOR AGING™

PCA OPTIONS DME SUPPLY LIST

Fiscal Year 2020-2022

July 1, 2019 – June 30, 2022

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service alpha - MESC

**PHILADELPHIA CORPORATION FOR AGING
PCA OPTIONS Program DME SUPPLY LIST FY2020-2022
A. NON-CONSUMABLE MEDICAL SUPPLIES**

Item Code	MA code	MC Y/N	Manufacturer	Item Description	Unit Price
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 PCA OPTIONS program is the payor of last resort.					
Installation					
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
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.					
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
Bathing Equipment					
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
A-03-0070	E0247		Generic	Transfer bench to tub or toilet, with or without commode opening	92.00

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A-03-0120	E0247		Generic	Tub stool or bench	92.00
Toileting Equipment					
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
Miscellaneous Non-Consumable Medical Equipment					
A-15-0080	NA		GENERIC	Air Conditioner ; 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	Air Conditioner ; 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	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)	510.00
A-15-0101	NA		Golden Tech , Value series “Capri” , or equivalent	Electric Lift Chair – Small ; 325 lb. weight capacity; Walnut Vinyl - Eff. 5/1/10 CHAIR ONLY	232.20
A-15-0102	NA	Y*	Golden Tech, Value series “Monarch Md” or equivalent	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)	540.00
A-15-0103	NA		Golden Tech, Value series “Monarch Md” or equivalent	Electric Lift Chair – Medium; 375 lb. weight capacity; Walnut Vinyl – eff. 5/1/10 CHAIR ONLY	262.20
A-15-0104	NA	Y*	Golden Tech, Value series, “Monarch Lg” or equivalent	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)	566.00

A-15-0105	NA		Golden Tech, Value series, "Monarch Lg" or equivalent	Electric Lift Chair – Large; 375 lb. weight capacity; Walnut Vinyl – eff. 5/1/10 CHAIR ONLY	288.20
A-15-0106	NA	Y*	Golden Tech, Comforter wide series, "Medium-26 double" or equivalent	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)	899.00
A-15-0107	NA		Golden Tech, Comforter wide series, "Medium-26 double" or equivalent	Electric Lift Chair – Medium double; 500 lb. weight capacity; Walnut Vinyl – eff. 5/1/10 CHAIR ONLY	671.20
A-15-0108	NA	Y	Golden Tech or equivalent	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)	277.80**
A-15-0109	NA			Lift Chair co-pay / variable: cost of lift motor and any unmet third party insurance / Medicare deductible	variable
A-15-0110	NA		AliMed	Bed Sensor Pad, w. TR2 patient alarm system - Eff. 11/1/09	110.00
A-15-0111	NA		AliMed	Chair Sensor Pad, w. TR2 patient alarm system - Eff. 11/1/09	105.00
A-15-0112	NA		AliMed	Bed Sensor Pad (11" x 30"), only (replacement)	60.00
A-15-0113	NA		AliMed	Chair Sensor Pad, only (replacement)	42.00
A-15-0114	NA		AliMed	TR2 patient alarm, only	85.00
A-15-0130	NA		Generic (e.g. Sony 900 Mhz or similar)	Room Intercom (battery included)	39.00

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PCA OPTIONS Program DME SUPPLY LIST FY2020-2022
B. CONSUMABLE MEDICAL SUPPLY LIST**

Item Code	MA Code	MC Y/N	Manufacturer	Item Description	Individual Unit Price	Box/Bulk Price and Quantity
<p>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 PCA OPTIONS Program is the payor of last resort.</p>						
Skin Cleansing and Protectant Products						
B-04-0060			Carrington 104040, Bard, Coloplast Sween, or comparable generic	Moisture Barrier Cream – 7.0 oz.	5.50	
Miscellaneous Consumable Medical Supplies						
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

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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
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 PCA OPTIONS Program is the payor of last resort.						
	****			Skin Barrier Wipes – 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	7.20	
C-01-6021	T4536			Incontinence Pants , Nondisp – large	7.20	
C-01-6022	T4536			Incontinence Pants , Nondisp – extra-large	7.20	
C-01-6030	T4540			Incontinence Cloth Liner, Nondisp.	10.85	
C-01-6040	T4535			Incontinence Liner, Disp., Reg. Absorbent / single	Each .40	*
C-01-6041	T4535			Incontinence Liner, Disp. Extra Absorbent / double pad	Each .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	*
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	*

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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")	Each 1.62	*
C-01-6069	T4543			Disposable incontinence product, brief, bariatric, 3X size (65" – 90")	Each 1.62	*
C-01-6070	T4544			Disposable incontinence product, pull-up, bariatric, 2X size (60" – 69")	Each 1.25	*
C-01-6071	T4544			Disposable incontinence product, pull-up, bariatric, 3X size (65" – 90")	Each 1.25	*

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