

**ATTACHMENT - INCONTINENCE SUPPLIES HOME HEALTH (WIPES)**

<b>TOS*</b>	<b>Procedure Code</b>	<b>Long Description</b>	<b>Modifier</b>	<b>Age Range</b>	<b>Current Medicaid Fee</b>	<b>Proposed Medicaid Fee</b>
9	A4335	Incontinence Supply, Miscellaneous		0-999	Manually Priced	Manually Priced
9	A4335	Incontinence Supply, Miscellaneous	U9	0-999	Not a Benefit	\$3.09

<b>*Type of Service (TOS)</b>	
9	Supplies