



Gaddy Drug
Advantage Pricing Charts

Phone: 918-682-7012 ♦ Fax: 918-682-5585

Harmony Provider ID: 10144

Revised: January 2024

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*APPENDIX







Contacts: Dave Carter, Owner
 Angela Turney, Whitney Maddocks
 & Jennifer Johnson
 Phone 918-682-7012
 Fax 918-682-5585

<div>  <div> INCONTINENCE PRODUCTS UNDERWEAR/PULLUPS </div> </div>				
	HCPC	PRODUCT DESCRIPTION	PKG SIZE	UNIT PRICE
	T4526	McKESSON UW LIGHT ABS MED 32"-44"	20	1.01
	T4527	McKESSON UW LIGHT ABS LG 44"-58"	18	1.10
	T4526	McKESSON UW MODERATE ABS MED 34"-44"	20	1.01
	T4527	McKESSON UW MODERATE ABS LG 44"-58"	18	1.10
	T4528	McKESSON UW MODERATE ABS XL 58"-68"	14	1.25
	T4525	McKESSON UW ULTRA ABS SM 25"-32"	22	0.86
	T4526	McKESSON UW ULTRA ABS MED 32"-44"	20	1.01
	T4527	McKESSON UW ULTRA ABS LG 44"-58"	18	1.10
	T4528	McKESSON UW ULTRA ABS XL 58"-68"	14	1.25
	T4544	McKESSON UW ULTRA ABS 2XL 68"-80"	12	2.25

***All incontinence products require a denial from TXIX before requesting through Advantage.**






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<div>  <div> INCONTINENCE PRODUCTS UNDERWEAR/PULLUPS </div> </div>				
	HCPC	PRODUCT DESCRIPTION	PKG SIZE	UNIT PRICE
  	T4526	PREVAIL UW WOMEN MODERATE ABS MED 34"-36"	20	1.01
	T4527	PREVAIL UW WOMEN MODERATE ABS LG 44"-58"	18	1.10
	T4528	PREVAIL UW WOMEN MODERATE ABS XL 58"-68"	14	1.25
	T4526	PREVAIL UW MEN MODERATE ABS MED 34"-46"	20	1.01
	T4527	PREVAIL UW MEN MODERATE ABS LG 44"-58"	18	1.10
	T4528	PREVAIL UW MEN MODERATE ABS XL 58"-68"	14	1.25
	T4525	PREVAIL UW EXTRA ABS SM 20"-34"	22	0.86
	T4526	PREVAIL UW EXTRA ABS MED 34"-46"	20	1.01
	T4527	PREVAIL UW EXTRA ABS LG 44"-58"	18	1.10
	T4528	PREVAIL UW EXTRA ABS XL 58"-68"	14	1.25
	T4544	PREVAIL UW EXTRA ABS 2XL 68"-80"	12	2.25

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<div>  <div> INCONTINENCE PRODUCTS TAPE SIDED BRIEFS/DIAPERS </div> </div>				
	HCPC	PRODUCT DESCRIPTION	PKG SIZE	UNIT PRICE
	T4522	McKESSON BRIEF REGULAR ABS MED 32"-44"	24	0.85
	T4523	McKESSON BRIEF REGULAR ABS LG 44"-58"	24	0.96
	T4524	McKESSON BRIEF REGULAR ABS XL 58"-63"	20	1.13
	T4521	McKESSON BRIEF ULTRA ABS SM 22"-36"	24	0.78
	T4522	McKESSON BRIEF ULTRA ABS MED 32"-44"	16	0.85
	T4523	McKESSON BRIEF ULTRA ABS LG 45"-58"	18	0.96
	T4524	McKESSON BRIEF ULTRA ABS XL 59"-64"	15	1.13
	T4521	PREVAIL BRIEF HEAVY ABS SM 20"-31"	16	0.78
	T4522	PREVAIL BRIEF HEAVY ABS MED 32"-44"	20	0.85
	T4523	PREVAIL BRIEF HEAVY ABS LG 45"-58"	16	0.96
	T4524	PREVAIL BRIEF HEAVY ABS XL 58"-70"	15	1.13

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 INCONTINENCE PRODUCTS GUARDS, SHIELDS, LINERS, & PADS				
	HCPC	PRODUCT DESCRIPTION	PKG SIZE	UNIT PRICE
  	T4535	PREVAIL GUARDS FOR MEN	14	0.59
	PREVAIL BLADDER CONTROL PAD LIGHT ABS (3)			
	T4535	ULTRA THIN REG LENGTH LIGHT ABS	30	0.59
	PREVAIL BLADDER CONTROL PAD MODERATE ABS (4)			
	T4535	REGULAR LENGTH MODERATE ABS	20	0.59
	T4535	LONG LENGTH MODERATE ABS	16	0.59
	PREVAIL BLADDER CONTROL PAD HEAVY ABS (5)			
	T4535	REGULAR LENGTH HEAVY ABS	48	0.59
	T4535	LONG LENGTH HEAVY ABS	39	0.59
	PREVAIL BLADDER CONTROL PAD ULTIMATE ABS (6)			
	T4535	LONG LENGTH ULTIMATE ABS	33	0.59
	T4535	16 INCH OVERNIGHT ULTIMATE ABS	30	0.59




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INCONTINENCE PRODUCTS

DISPOSABLE UNDERPADS & REUSABLE UNDERPADS

DISPOSABLE UNDERPADS		WASHABLE/REUSABLE UNDERPADS		
	T4541 0.59 ea			
McKESSON 30X36 INCH MODERATE ABS	10 /Pk	REUSABLE BED SIZE UNDERPAD 32X36 INCH	T4537	\$13.50 ea
McKESSON 30X36 INCH HEAVY ABS	10 /Pk	REUSABLE CHAIR SIZE UNDERPAD 18x24 INCH	T4540	\$14.40 ea
PREVAIL 23X36 INCH LIGHT ABS	15 /Pk	  		
PREVAIL 30X30 INCH LIGHT ABS	10 /Pk			
PREVAIL 30X30 INCH MODERATE ABS	12 /Pk			
PREVAIL 30X36 INCH HEAVY ABS	10 /Pk			



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BATHROOM EQUIPMENT *			
SHOWER CHAIRS			TXIX "State Paid"
HCPC	PRODUCT DESCRIPTION	UNIT COST	PAYER
E0240	HEAVY DUTY SHOWER CHAIR WITH BACK (500LB CAPACITY)	Manual	TXIX
E0240	SHOWER CHAIR WITH OR WITHOUT BACK, ADJUSTABLE LEGS (400LB CAPACITY)	Manual	TXIX
E0245	SHOWER STOOL (300LB CAPACITY)	Manual	TXIX

***INSTALLATION INCLUDED IN PRICING**



SHOWER CHAIR W/O BACK



SHOWER CHAIR W/BACK



SHOWER STOOL



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BATHROOM EQUIPMENT *			
TRANSFER BENCHES			TXIX "State Paid"
HCPC	PRODUCT DESCRIPTION	UNIT COST	PAYER
E0248	HEAVY DUTY BARIATRIC TRANSFER BENCH WITH BACKREST & ADJUSTABLE LEGS (500LB CAPACITY)	Manual	TXIX
E0247	TRANSFER BENCH WITH REVERSABLE BACKREST & DETACHABLE ARM RAIL (400LB CAPACITY)	Manual	TXIX
E0247	TUB MOUNTED SLIDING TRANSFER BENCH	Manual	TXIX
E0247	SLIDING TRANSFER BENCH WITH SWIVEL SEAT	Manual	TXIX
E0247	SLIDING TRANSFER BENCH WITHOUT SWIVEL SEAT (300LB CAPACITY)	Manual	TXIX

***INSTALLATION INCLUDED IN PRICING**



TRANSFER BENCH W/ BACKREST



TUB MOUNTED SLIDING BENCH



SLIDING BENCH W/ SWIVEL SEAT



SLIDING BENCH W/O SWIVEL



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BATHROOM EQUIPMENT *

TOILET RISERS, SAFETY RAILS, & COMMODOES

HCPC	PRODUCT DESCRIPTION	UNIT COST	PAYER
S5165:TF	BOLT-ON TOILET RISER (300LB CAPACITY)	79.00	Advantage
S5165:TF	TOILET SAFETY RAILS (300LB CAPACITY)	79.00	Advantage
E0244	REGUALR OR HEAVY DUTY TOILET RISER WITH ARMS (500LB CAPACITY)	Manual	TXIX
E0163	BEDSIDE COMMODOE REGULAR (Medicaid only not Medicare)	61.90	TXIX
E0165	BEDSIDE COMMODOE WITH DROP ARMS (Medicaid only not Medicare)	139.30	TXIX
E0168	BEDSIDE COMMODOE HEAVY DUTY (Medicaid only not Medicare)	131.67	TXIX

***INSTALLATION INCLUDED IN PRICING**



BOLT-ON TOILET RISER



TOILET SAFETY RAILS



HEAVY DUTY TOILET RISER



BEDSIDE COMMODOE



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BATHROOM EQUIPMENT *			
GRAB BARS & HANDHELD SHOWER			Advantage Paid
HCPC	PRODUCT DESCRIPTION	UNIT COST	PAYER
S5165:TF	CLAMP-ON TUB RAIL (250LB CAPACITY)	59.33	Advantage
S5165:TF	DUAL LEVEL BATHTUB RAIL WITH TEXTURED GRIP (200LB CAPACITY)	69.33	Advantage
S5165:TF	WALL MOUNTED CHROME GRAB RAIL 12 INCH, 16 INCH, 18 INCH, 24 INCH, 36 INCH	149.00	Advantage
S5165:TF	DELUXE HANDHELD SHOWER WITH MASSAGER	69.65	Advantage

***INSTALLATION INCLUDED IN PRICING**



CLAMP-ON TUB RAIL



DUAL LEVEL BATHTUB RAIL



WALL MOUNTED GRAB RAIL



HANDHELD SHOWER



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MISCELLANEOUS *			
REACHER, HIPKIT, BEDWEDGE, TRANSFER BOARD, & BLOOD PRESSURE CUFF			
HCPC	PRODUCT DESCRIPTION	UNIT COST	PAYER
A9281	REACHER 27" or 32"	30.00	Advantage
A9281	HIPKIT	49.85	Advantage
E0190	BED WEDGE	75.64	TXIX
E0705	TRANSFER BOARD	69.12	Advantage
A4663	BLOOD PRESSURE CUFF	50.00	Advantage

*ITEMS NOT LISTED IN PRICE GUIDE MAY BE AVAILABLE UPON REQUEST



REACHER



HIP KIT



BED WEDGE



TRANSFER BOARD



BLOOD PRESSURE CUFF



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MISCELLANEOUS *

BOTTOM BUDDY, VINYL GLOVES, MED PLANNERS, & WEIGHTED UTENSILS

HCPC	PRODUCT DESCRIPTION	UNIT COST	PAYER
A9281	BOTTOM BUDDY (TOILET AID)	43.62	Advantage
A4927	VINYL GLOVES (BOX OF 100)	10.00	Advantage
T1505	MEDCENTER 31 DAY PILL ORGANIZER	70.00	Advantage
T1505	MEDCENTER 31 DAY PILL ORGANIZER WITH REMINDER	99.80	Advantage
T1505	AUTOMATIC PILL DISPENSER WITH ALERTS (UP TO 6 TIMES PER DAY)	129.80	Advantage
E1399	WEIGHTED UTENSILS	59.49	Advantage



BOTTOM BUDDY



WEIGHTED UTENSILS



MEDCENTER



MEDCENTER WITH REMINDER



AUTOMATIC PILL DISPENSER

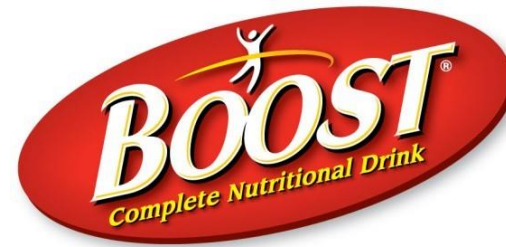


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NUTRITIONALS*

*****Please call for pricing and availability.***

Ensure®

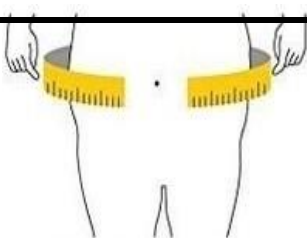
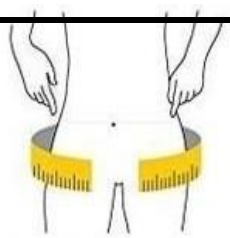
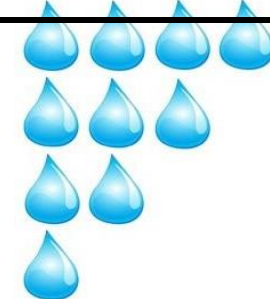


Nepro®

Glucerna®



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 Waist Measurement		 Hip Measurement		SIZING & ABSORBENCY CHARTS		32 oz and above 12 to 32 oz 4 to 16 oz 2 to 8 oz			
LIGHT		MODERATE		HEAVY		MAXIMUM/OVERNIGHT			
LIGHT AMOUNT OF BLADDER LEAKS OR INFREQUENT LEAKS (2 to 8 oz)		MODERATE AMOUNT OF BLADDER LEAKS OR CONTINUOUS LEAKAGE (4 to 16 oz)		LARGE AMOUNT OF BLADDER LEAKS &/OR OTHER INCONTINENCE (12 to 32 oz)		VERY LARGE AMOUNT OF BLADDER LEAKS &/OR OTHER INCONTINENCE (32 oz & above)			
HOW TO MEASURE FOR PULL-UPS & TAB-STYLE BRIEFS:						SIZE	WAIST		
1.)	MEASURE ACROSS THE WIDEST MEASUREMENT OF THE STOMACH (AT OR BELOW THE BELLY BUTTON). (RECORD THAT NUMBER) MEASURE THE HIPS AT THE WIDEST MEASUREMENT. (RECORD THAT NUMBER) USE THE LARGER OF THE TWO MEASUREMENTS TO DETERMINE BEST PRODUCT SIZE.					SMALL	22-36"		
						MEDIUM	34-48"		
2.)						LARGE	44-54"		
						X-LARGE	48-66"		
3.)						2X-LARGE	62-80"		



APPENDIX

Adding “State Paid” Lines in Harmony

- CMs will continue to add SoonerCare covered items to the Planned Service Lines in Harmony.
 - The planned service line will use the code with the State Paid ‘ZS’ modifier.
 - The provider listed will be “Other” (similar to adding other non-waiver paid items such as informal supports or transportation)
 - The name of the DME provider will be documented in the comments box.
 - The DME provider shall **NOT** be added to the Provider Enrollment Tab.
 - All communication regarding non-ADvantage covered items must be made directly to the provider such as through telephone or email.
 - SoonerCare DME Providers do not require Harmony access to obtain the PA number for SoonerCare covered DME items.
 - Entities not providing ADvantage covered services to a member must not have access to confidential Member information included in the Harmony record.
 - See below for example of a planned service line for a Member needing adult size pullups (80 per month) under their SoonerCare benefit:

Planned Services			
Service Start Date *	06/10/2020		
Service End Date *	01/09/2021		
Division	MSU		
Program *	ADV		
Member County *	Mcclain		
Rate Type (Rural for CM VR Codes Only) *	Non-Rural		
Index/SubObject Code *	IndexCode	Index Description	SubObject
	MSU	MSU	ADV
Service Code *	T4527-ZS		
Type of Service	ADULT LARGE UNDERWEAR - E		
Unit Type	Units		
Units Per Frequency *	80		
Frequency *	Month - Round Up		
Number Of Periods	8		
Total Number of Units	640		
Provider Selection	Choice		
Provider ID *	10501		
Provider	Other		
Rate per Unit	\$1.10		
Total Cost	\$704.00		
SPA Review			
Clinical Review	XYZ DME Company		

Use appropriate code with ZS modifier indicating it is a state paid item.

Use Provider of "Other"

List actual name of DME provider in comments.

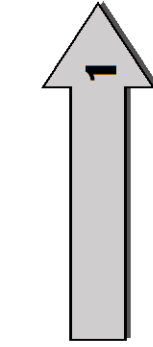
*****Please send note to Whitney Maddocks or Jennifer Johnson in Harmony or complete and fax DME supply request when adding state paid items.**



1126 W. BROADWAY
MUSKOGEE, OK 74401
Phone: 918-682-5584
Fax: 918-682-5585
gaddydrug@yahoo.com

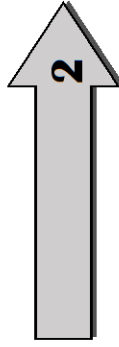
CASE MANAGER

DME Supply Request



*OHCA requires that members must have had a face to face visit with their physician within the last 6 months for all DME &/or incontinence supply orders.

Has member had a face to face (virtual or in office) visit with the physician within 6 months? YES NO



MEMBER INFORMATION

NAME:

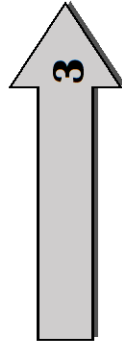
MEMBER ID:

DOB:

ADDRESS:

PHONE #:

CASE MANAGER:



PHYSICIAN INFORMATION

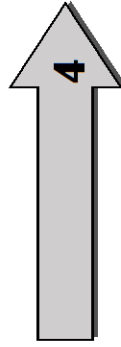
NAME:

NPI:

CONTACT NAME:

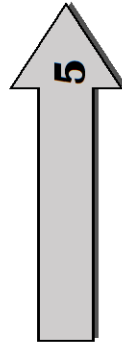
PHONE NUMBER:

FAX NUMBER:



SUPPLIES NEEDED

*please include sizes & quantities



ADDITIONAL NOTES...

PLEASE FAX COMPLETED FORM TO 918-682-5585

Advantage Submission After TXIX Denial

Documentation for Items denied by OHCA under Member's SoonerCare benefit

- If a DME item is not approved under the SoonerCare benefit, the DME may reach out to the Member's Case Manager for assistance obtaining additional documentation from the Member's primary physician; or, the DME may request the item be added to the planned services for consideration of payment through the ADvantage Waiver.
- **Note: Members may also follow the appeal process if Denied a specific DME product through SoonerCare, but this **is not** required prior to requesting the item be paid under the ADvantage Waiver.*
- The specific DME provider will be added to the Provider Enrollment Tab **after the DME item is authorized** to allow the Provider to obtain the ADvantage PA number.
- Request for approval under ADvantage Waiver will be submitted in Harmony following the Process for a "Plan Change" request with the following additional actions:

The OHCA Denial letter is attached to a Plan Note using a note type of "Documentation" and Note Sub-Type of "TXIX DME Denial".

Notes	
Member	None Details...
Division *	MSU
Note By *	Parkhurst, Megan RN (MSU) ▼
Note Date *	06/10/2020
Program	ADvantage Details
NoteType *	Documentation ▼
Note SubType	TXIX DME Denial ▼

- CMs will change the SPA Review status on the line with the ZS modifier and provider listing of "Other" to "Request Withdraw" so the item will not calculate in the total plan cost.

SPA Review
Request Withdraw ▼

- CMs will add a planned service line for the appropriate code and provider name.
 - The planned service line will include the appropriate DME code without the ZS modifier.
 - The planned service line should list the DME Provider Name (not "Other").
 - Document in the Comments area that the item was denied by SoonerCare.

Continued next page.

- See below for example of planned service line for Member needing adult size pullups (80 per month) that has been denied under their SoonerCare benefit and is now being requested under ADvantage Waiver:

Planned Services									
Service Start Date *	10/26/2020								
Service End Date *	10/25/2021								
Division	MSU								
Index/SubObject Code *	<div> <div>...</div> <div>Clear</div> </div> <table border="1"> <thead> <tr> <th>IndexCode</th> <th>Index Description</th> <th>SubObject</th> </tr> </thead> <tbody> <tr> <td>MSU</td> <td>MSU</td> <td>ADV</td> </tr> </tbody> </table>			IndexCode	Index Description	SubObject	MSU	MSU	ADV
IndexCode	Index Description	SubObject							
MSU	MSU	ADV							
Program *	ADV								
Member County *	Pottawatomie								
Rate Type (Rural for CM VR Codes Only) *	Non-Rural								
Service Code *	T4527								
Type of Service	ADULT LARGE UNDERWEAR - EACH								
Unit Type	Units								
Units Per Frequency *	80								
Frequency *	Month - Round Up								
Number Of Periods	13								
Total Number of Units	1040								
Provider Selection	Choice								
Provider ID *									
Provider									
Rate per Unit	\$1.10								
Total Cost	\$1,144.00								
SPA Review	New Request (Provider Use Only)								
Clinical Review									
Item has been denied by <u>SoonerCare</u> .									

TXIX Quantity Limits

HCPCS Codes Covered requiring PA	
A4335	Incontinence Supply (wipes)
A4927	Gloves, non-sterile, per box of 100 gloves
T4521-T4524 T4529-T4530 T4533;T4543	Disposable Brief or Diaper
T4525-T4528 T4531-T4532 T4534;T4544	Disposable Underwear or Pull-On
T4535	Disposable Liner/Shield/Guard/Pad
T4537	Reusable Under Pad, Bed Size
T4540	Reusable Under Pad, Chair Size
T4541-T4542	Disposable Under Pad

STATE PAID QUANTITY LIMITS			
HCPCS	DESCRIPTION	MONTHLY	ANNUAL
A4335	Incontinence Supply Wipes	240	2,880
A4927	Gloves, non-sterile, per box of 100	2	24
T4521-T4524 T4529-T4530 T4533;T4543	Disposable Brief/Diaper	180	2,160
T4525-T4528 T4531-T4532 T4534;T4544	Disposable Underwear/Pull-On	150	1,800
T4535	Disposable Liner/Shield/Guard/Pad	150	1,800
T4537	Reusable Under Pad, Bed Size	2	24
T4540	Reusable Under Pad, Chair Size	2	24
T4541-T4542	Disposable Under Pad	60	720
<p style="text-align: center;">*Units over TXIX quantity limits can be requested through Advantage with U1 modifier attached to the HCPC.</p>			

Gaddy Drug
Muskegee Oklahoma

INSTALL QUICK REFERENCE TOOL

*Counties in **GREEN** are current coverage areas.

*Counties in **GREEN** are current coverage areas.