

Gaddy Drug
Muskojee Oklahoma

Gaddy Drug
Advantage Pricing Charts

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

Harmony Provider ID: 10144

Revised: October 2024

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Contacts: Dave Carter, Owner
Angela Turney, Whitney Maddocks

Phone 918-682-7012
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INCONTINENCE PRODUCTS
UNDERWEAR/PULLUPS



	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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Angela Turney, Whitney Maddocks

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INCONTINENCE PRODUCTS				
UNDERWEAR/PULLUPS				
	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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 INCONTINENCE PRODUCTS TAPE SIDED BRIEFS/DIAPERS				
	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
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		T4541	0.59 ea	WASHABLE/REUSABLE UNDERPADS		
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 (500LB CAPACITY)	Manual	TXIX
E0247	TRANSFER BENCH (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	REGULAR OR HEAVY-DUTY TOILET RISER WITH ARMS (500LB CAPACITY)	Manual	TXIX
E0165	BEDSIDE COMMODOE WITH DROP ARMS (Medicaid ONLY, No Medicare)	Fee Sched.	TXIX
E0168	BEDSIDE COMMODOE HEAVY DUTY (Medicaid ONLY, No Medicare)	Fee Sched.	TXIX

***INSTALLATION INCLUDED IN PRICING**



BOLT-ON TOILET RISER



TOILET SAFETY RAILS



TOILET RISER W/ ARMS



COMMODOE W/ DROP ARMS



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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	53.23	Advantage
A4670	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

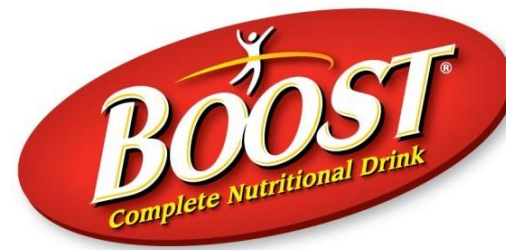


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NUTRITIONALS*

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



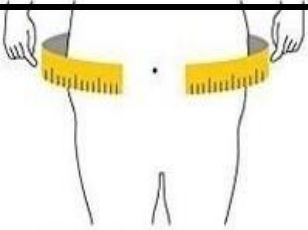

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SIZING & ABSORBENCY CHARTS

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)	SMALL	22-36"
2.)	MEASURE THE HIPS AT THE WIDEST MEASUREMENT. (RECORD THAT NUMBER)	MEDIUM	34-48"
3.)	USE THE LARGER OF THE TWO MEASUREMENTS TO DETERMINE BEST PRODUCT SIZE.	LARGE	44-54"
		X-LARGE	48-66"
		2X-LARGE	62-80"

Gaddy Drug
Muskegee Oklahoma

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 *	<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						
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.**

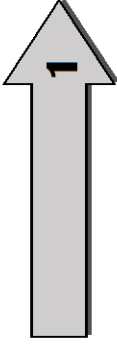


1126 W. BROADWAY
MUSKOGEE, OK 74401
Phone: 918-682-5584
Fax: 918-682-5585
gaddydrug@yahoo.com

CASE MANAGER
DME Supply Request

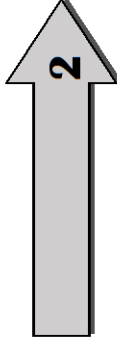
***OHCA requires that members must have had a face to face visit with their physician within the last 6 months for all DME &/or incontinence supply orders.**

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



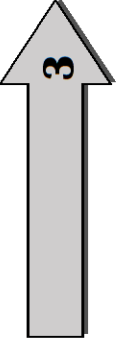
MEMBER INFORMATION

NAME: _____
MEMBER ID: _____
DOB: _____
ADDRESS: _____
PHONE #: _____
CASE MANAGER: _____



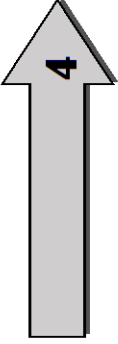
PHYSICIAN INFORMATION

NAME: _____
NPI: _____
CONTACT NAME: _____
PHONE NUMBER: _____
FAX NUMBER: _____

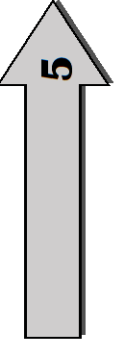


SUPPLIES NEEDED *please include sizes & quantities

NEW	RENEWAL	AMENDMENT



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 *	... Clear	
	IndexCode	Index Description
	MSU	MSU
SubObject	ADV	
Program *	ADV	
Member County *	Pottawatomie	
Rate Type (Rural for CM VR Codes Only) *	Non-Rural	
Service Code *	T4527	... Enter the actual code with NO ZS modifier
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 *		... Enter the appropriate provider name
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

***Units over TXIX quantity limits can be requested through Advantage
with U1 modifier attached to the HCPC.**

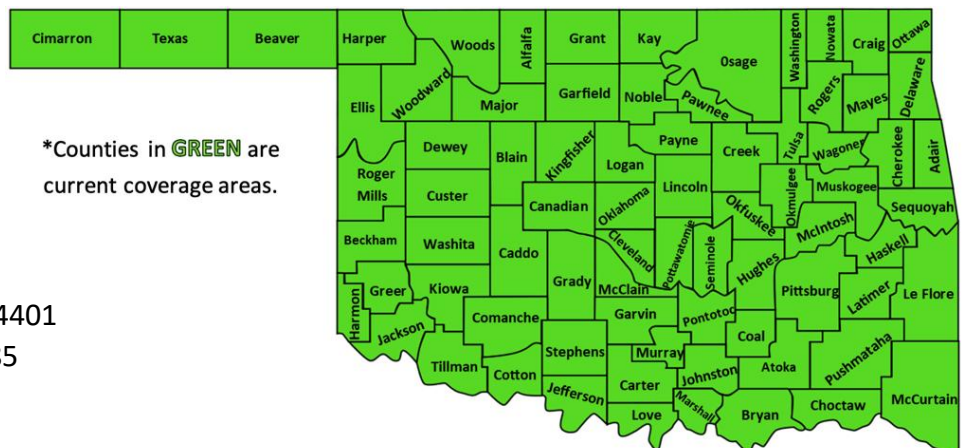
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INSTALL QUICK REFERENCE TOOL

INSTALL ITEMS REQUESTED THROUGH TXIX		
E0240	SHOWER CHAIR (SITS INSIDE SHOWER)	Manually Priced
E0247	TRANSFER BENCH (SITS OVER TUB TO SLIDE IN & OUT)	Manually Priced
E0248	BARIATRIC TRANSFER BENCH	Manually Priced
E0244	REGULAR OR HEAVY-DUTY TOILET RISER WITH ARMS (500LB CAPACITY)	Manually Priced
E0165	BEDSIDE COMMODE WITH DROP ARMS (Medicaid ONLY, No Medicare)	Fee Schedule
INSTALL ITEMS REQUESTED THROUGH ADVANTAGE THAT DO NOT REQUIRE AN ORDER:		
S5165:TF	HANDHELD SHOWER	\$69.65
S5165:TF	BOLT-ON TOILET RISER WITHOUT ARMS	\$79.00
S5165:TF	WALL MOUNTED GRAB BAR	\$149.00
S5165:TF	CLAMP-ON-TUB RAIL	\$59.33
S5165:TF	TOILET SAFETY RAILS/FRAME	\$79.00
MISC. ITEMS REQUESTED THROUGH ADVANTAGE THAT REQUIRE AN ORDER:		
A9281	REACHER	\$30.00
A9281	BOTTOM BUDDY	\$43.62
A9281	HIP KIT	\$49.85
T1505	MED PLANNERS	See Booklet
E0705	TRANSFER BOARD	\$53.23
E0274	OVER THE BED TABLE	\$128.05
A4670	BLOOD PRESSURE CUFF	\$50.00
E1399	WEIGHTED UTENSILS	\$59.49



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