



MEDICAL PAYMENT POLICY	
Policy Name:	Incontinence Supplies Policy
Policy Number:	AP-001-ALL-ALL
Approved By:	Provider Network
Provider Notice Date:	February 4, 2016
Original Effective Date:	January 29, 2016
Annual Approval Date:	
Revision Date:	
Products:	Pennsylvania Medical Assistance
Application:	All claims for coverage of Incontinence Supplies
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Disclaimer

This Policy is intended to serve as a general resource regarding claims for Incontinence Supplies. This Policy does not address all specific circumstances related to coverage for Incontinence Supplies and following this Policy alone is not a guarantee of coverage of Incontinence Supplies. Gateway Health will cover Incontinence Supplies when the Incontinence Supplies qualify as a covered service as required under state and federal law, rule and regulation, regulatory guidance and the applicable Member Handbook or Evidence of Coverage. Gateway Health may revise or adjust this Policy at any time by issuing a new version of the Policy on its website. This Policy does not constitute nor is intended to provide medical advice and is not intended to govern or otherwise influence medical decision making. All claims are subject to retrospective review and audit in accordance with applicable law, rule and regulation and Gateway Health policies and procedures and, in the case of participating providers, their Gateway Health contract and the Provider Manual. Gateway Health policies and procedures and the Provider Manual can be found at www.gatewayhealthplan.com.

POLICY SCOPE:

This Policy applies to all claims for coverage of Incontinence Supplies. Coverage of Incontinence Supplies is subject to the Disclaimer included as part of this Policy. **(See Disclaimer.)**

DEFINITIONS:

“Incontinence Supplies” shall mean the items indicated by the HCPCS Codes listed on Appendix A of this Policy, including, but is not limited to, disposable diapers, briefs, protective underwear, pull-on(s), liners, etc. Non-disposable (i.e., washable) items are not subject to this Policy.

“Medical Necessity” and “Medically Necessary” shall have the meaning as set forth in the applicable Evidence of Coverage, in the case of Medicare Advantage products, or Member Handbook, in the case of

Medical Assistance products.

“Member” shall mean a person properly enrolled in the applicable Gateway Health Medical Assistance or Medicare Advantage product.

POLICY:

Gateway Health will cover up to three-hundred (300) units of Incontinence Supplies of a single size per Member, per every twenty-eight (28) calendar days if all other conditions of coverage are met.

Claims for Incontinence Supplies that exceed three-hundred (300) units must be accompanied by the appropriate “XU” claim modifier in accordance with the below reimbursement guidelines.

REIMBURSEMENT GUIDELINES:

Claims for Incontinence Supplies that require an XU modifier must meet the following reimbursement guidelines:

- The claim contains a diagnosis clearly reflecting the medical condition(s) causing incontinence;
- The claim does not contain a span dated delivery date;
- The requested Incontinence Supplies are Medically Necessary and the claim includes clinical documentation demonstrating Medical Necessity;
- The claim does not request Incontinence Supplies in an amount that exceeds a one (1) month’s supply for the particular Member;
- The Claim is submitted within fifteen (15) calendar days or less of the date the Member would exhaust the amount of Incontinence Supplies he or she has on hand; and
- Delivery of the Incontinence Supplies will not occur within 28 days of any previous delivery of Incontinence Supplies to the Member.

All vendors of Incontinence Supplies must contact the Member or caregiver prior to each shipment in order to determine the quantity of supplies on hand and the appropriate size and date for each shipment. Vendors are prohibited from submitting automatic shipment of Incontinence Supplies to Members.

RESOURCES:

American Medical Association, Current Procedural Terminology (CPT) Professional Edition and associated publications and services.

APPENDIX A

INCONTINENCE SUPPLIES HCPCS CODES

T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large, each
T4524	Adult sized disposable incontinence product, brief/diaper, extra-large, each
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	You sized disposable incontinence product, underwear/pull-on, each
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra-large, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large each