

Diapers and Underpads, DME 246 DMAS CRITERIA

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

DMAS will not provide reimbursement for the routine use of diapers for children under three years of age. Service authorizations for diapers for children must be associated with a medical condition and will not be approved solely because toilet training has not been accomplished.

For code A4335 clinical notes must define the medical necessity in order for the requested item(s) to be authorized.

Description & Definitions:

Incontinence supplies are products including diapers and underpads that absorb urine and fecal waste and act as a barrier.

Type of incontinence: Functional, Overactive bladder, Overflow, Stress, Urge, Mixed, Transient

Criteria:

(DMAS Durable Medical Equipment. Chapter IV: Covered Services and Limitations. Revision Date: 12/5/2025 Pages 85-89)

Diapers **OR** underpads are considered medically necessary for individuals meeting **ALL** of the following criteria:

- The individual has a diagnosis of urinary or fecal incontinence and **1 or more** of the following (page 85):
 - For individuals under three years of age, the individual has a medical diagnosis that is impeding toilet training.
 - For individuals over the age of three, the individual has a medical or behavioral diagnosis that is causing urinary or fecal incontinence.
- The provider has submitted a Certificate of Medical Necessity (CMN/352) which includes documentation of **ALL** of the following (Page 86):
 - A description of the individual's incontinent condition
 - Degree of incontinence (light, moderate or heavy)
 - Type of incontinence
 - Functional limitations that may affect the individual's incontinence.
 - Type of product required.

- Amount of product required per month.

The provider must submit additional documentation to justify the medical necessity for (**Pages 86-87**):

- Requests for incontinence products above the usual limit (per DMAS fee schedule)
- Requests for more than one type of incontinence product
- Requests for disposable underpads in addition to other incontinence products

Document History:

Revised Dates:

- 2026: February – Implementation date of June 1, 2026. Update pages of DMAS manual and definition added on types of incontinence.
- 2025: February- Updated format. No criteria change.
- 2024: March
- 2021: June
- 2019: September

Reviewed Dates:

- 2023: May
- 2022: May
- 2020: July
- 2019: July

Origination Date: June 2019

Coding:

DMAS DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING, Appendix B, Jan 2026, Pages 2-3.

CPT/ codes considered **medically necessary** if policy criteria are met:

Coding	Description
A4335	Incontinence Supplies, Not Otherwise Specified
A4553	Nondisposable underpads, all sizes
A4554	Disposable underpads, all sizes
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 size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, 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, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each

T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4537	Incontinence product, protective underpad, reusable, bed size, each
T4538	Diaper service, reusable diaper, each diaper
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4540	Incontinence product, protective underpad, reusable, chair size, each
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small size, 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
T4545	Incontinence product, disposable, penile wrap, each (not in Appendix B)

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage: See DMAS Provider Manual Title: Durable Medical Equipment, Prosthetics, Orthotics and Supplies Chapter IV: Covered Services and Limitations Revision Date: 12/5/2025 Pages 85-89 DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING, Appendix B, Jan 2026, Pages 2-3.
- Application to products:
 - Policy is applicable to Sentara Health Plan Virginia Medicaid Plans
- Authorization requirements: Pre-certification by the Plan is required for:
 - Incontinence products over the allowable limit.
 - The use of disposable underpads along with another incontinence product.
 - The use of more than one type of incontinence product.
 - For incontinence products for children under the age of three years.
 - **Please refer to Prior Authorization List for most up to date requirement [Search PAL List: Sentara Health Plans](#)**
- Special Notes:
 - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice,

- although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. [EPSDT Supplement B \(updated 5.19.22\) Final.pdf](#)
 - **Documentation Requirements** [DME Appendix D \(updated 9.12.25\) Final.pdf](#) [DME Chapter IV \(updated 12.5.25\) Final.pdf](#)
 - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
 - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
 - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

DMAS Provider Manual Title: Durable Medical Equipment, Prosthetics, Orthotics and Supplies Chapter IV: Covered Services and Limitations Durable Medical Equipment and Supplies. (Revision Date: 12/5/2025). Retrieved 1 2026, from DMAS: https://vamedicaid.dmas.virginia.gov/pdf_chapter/durable-medical-equipment-and-supplies#gsc.tab=0

Keywords:

SHP Incontinence Supplies, SHP Durable Medical Equipment 246, diapers, underpads