This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

## SHP Diapers and Underpads

AUTH: SHP Durable Medical Equipment 246 v3 (AC)

**MCG Health** Ambulatory Care 25th Edition

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## Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy

#### Application to Products

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Policy is applicable to Optima Virginia Medicaid Plans

## **Authorization Requirements**

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- · Authorization is not required for diapers or underpads unless the provider is supplying both diapers AND underpads to the same individual during the same billing period. If diapers and underpads are being supplied, medical necessity has to be established and an authorization is required.
- · NOTE: Commercial Plans and Medicare/Medicare products do NOT cover adult diapers and underpads. If Optima Family Care (OFC)/Optima Health Community Care (OHCC)/Family Access to Medical Insurance Security (FAMIS) is secondary, do not deny P15 for an EOB from the primary insurance.
- For code A4335 clinical notes must define the medical necessity in order for the requested item(s) to be authorized
- · Pre-certification by the Plan is required

#### Description of Item or Service

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

# Exceptions and Limitations

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- 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.
- There is insufficient scientific evidence to support the medical necessity of incontinence supplies for uses other than those listed in the clinical indications for procedure section.

### Clinical Indications for Procedure

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- Combinations of diapers and underpads are considered medically necessary for ALL of the following:
  - · Individual has a Medicaid Plan (Optima Family Care (OFC), Family Access to Medical Insurance Security (FAMIS) or Optima Health Community Care (OHCC)) with 1 or
    - Individual is over the age of three with 1 or more of the following:
      - Individual has a medical diagnosis of urinary or fecal incontinence
      - · Individual has a medical diagnosis that is causing urinary or fecal incontinence

    - Individual is under three years of age with 1 or more of the following:
      Individual has a medical diagnosis of urinary or fecal incontinence which is impeding toilet training
  - · Individual has a medical diagnosis that is causing urinary or fecal incontinence which is impeding toilet training
  - · An order by a physician is supplied and includes ALL of the following:
    - A description of the individual's incontinent condition including ALL of the following:
      - · Degree of incontinence
      - · Type of incontinence
    - Functional limitations that may affect the individual's incontinence
    - · Amount of product required per month
    - Type of product required per month

# **Document History**

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- Revised Dates
  - 2021: June
  - · 2019: September
- · Reviewed Dates:
  - 2022: May
  - 2020: July
  - 2019: July
- · Effective Date: June 2019

#### Coding Information

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· CPT/HCPCS codes covered if policy criteria is met:

- HCPCS A4335 Incontinence Supplies, Not Otherwise Specified
- HCPCS A4554 Disposable underpads, all sizes HCPCS T4521 Adult sized disposable incontinence product, brief/diaper, small, each
- HCPCS T4522 Adult sized disposable incontinence product, brief/diaper, medium, each
- HCPCS T4523 Adult sized disposable incontinence product, brief/diaper, large, each
- HCPCS T4524 Adult sized disposable incontinence product, brief/diaper, extra large, each HCPCS T4525 - Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
- HCPCS T4526 Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
- HCPCS T4527 Adult sized disposable incontinence product, protective underwear/pull-on, large size, each HCPCS T4528 - Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
- HCPCS T4529 Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
- HCPCS T4530 Pediatric sized disposable incontinence product, brief/diaper, large size, each
- HCPCS T4531 Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each HCPCS T4532 Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
- HCPCS T4533 Youth sized disposable incontinence product, brief/diaper, each

- HCPCS T4534 Youth sized disposable incontinence product, protective underwear/pull-on, each HCPCS T4535 Disposable liner/shield/guard/pad/undergarment, for incontinence, each HCPCS T4536 Incontinence product, protective underwear/pull-on, reusable, any size, each
- HCPCS T4537 Incontinence product, protective underpad, reusable, bed size, each
- HCPCS T4538 Diaper service, reusable diaper, each diaper HCPCS T4539 Incontinence product, diaper/brief, reusable, any size, each
- HCPCS T4540 Incontinence product, protective underpad, reusable, chair size, each
- HCPCS T4541 Incontinence product, disposable underpad, large, each
- HCPCS T4542 Incontinence product, disposable underpad, small size, each HCPCS T4543 Adult sized disposable incontinence product, protective brief/diaper, above extra large, each
- HCPCS T4544 Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each
- · HCPCS T4545 Incontinence product, disposable, penile wrap, each
- · CPT/HCPCS codes considered not medically necessary per this Policy:

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