



## DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 29 Number 45

<http://www.dss.mo.gov/dms>

May 4, 2007

### Durable Medical Equipment

---

#### CONTENTS

- UNDERPADS, DIAPERS/BRIEFS and PROTECTIVE UNDERWEAR/PULL-ONS
  - PRIOR AUTHORIZATION REQUIREMENTS FOR DIAPERS
  - CURRENT PRIOR AUTHORIZATIONS FOR DIAPERS
  - MEDICAID MAXIMUM ALLOWABLE AMOUNTS
- 

#### UNDERPADS, DIAPERS/BRIEFS and PROTECTIVE UNDERWEAR/PULL-ONS

Disposable underpads and diapers/briefs are covered for recipients age four through twenty when:

- The items are prescribed and determined to be appropriate where there is the presence of a medical condition causing bowel/bladder incontinence; and
- The recipient would not benefit from or has failed a bowel/bladder training program;

Protective underwear/pull-ons are covered for recipients age four through twenty when:

- They are prescribed and determined to be appropriate where there is presence of a medical condition causing bowel/bladder incontinence; and
- The recipient is actively participating and demonstrating definitive progress in a bowel or bladder program with reassessment of progress every six months; or
- The recipient has the cognitive ability to independently care for his/her toileting needs; or
- There is documentation of the medical necessity for pull-on protective underwear instead of diapers/briefs (i.e., required by school, patient is ambulatory or physically independent)

Documentation of the above noted qualifying criteria must be maintained in the provider's record. Lack of documentation may result in recoupment of claims reimbursed.

## **PRIOR AUTHORIZATION REQUIREMENTS FOR DIAPERS**

Effective for dates of service on or after June 1, 2007, claims for underpads, diapers/briefs and protective underwear/pull-ons at or below the current quantity limit of 186 per month will no longer require prior authorization. Any combination of incontinence products listed below is limited to 186 per month. Quantities in excess of 186 per month will require the amount over 186 be prior authorized. The prior authorization request must include documentation of medical need from a physician indicating a condition causing excessive fecal or urine output. Prior authorization requests will be approved for a period of six months.

The following procedure codes are to be utilized for these incontinence products. Procedure codes without the EP modifier are to be used for quantities up to and including 186. Prior authorization is not required. Procedure codes with the EP modifier are to be used for requesting quantities that exceed 186. Only the amount over 186 is to be requested. Prior authorization is required.

CODE	MOD	MOD	REIMB REQ	QUANTITY LIMIT	DESCRIPTION
A4520	NU			186	Incontinence garment, any type, each
A4520	NU	EP	PA		Incontinence garment, any type, each (over 186)
A4554	NU			186	Disposable underpads, all sizes
A4554	NU	EP	PA		Disposable underpads, all sizes (over 186)
T4521	NU			186	Adult sized disposable incontinence product, brief/diaper, small, each
T4521	NU	EP	PA		Adult sized disposable incontinence product, brief/diaper, small, each (over 186)
T4522	NU			186	Adult sized disposable incontinence product, brief/diaper, medium, each
T4522	NU	EP	PA		Adult sized disposable incontinence product, brief/diaper, medium, each (over 186)
T4523	NU			186	Adult sized disposable incontinence product, brief/diaper, large, each
T4523	NU	EP	PA		Adult sized disposable incontinence product, brief/diaper, large, each (over 186)
T4524	NU			186	Adult sized disposable incontinence product, brief/diaper, extra large, each
T4524	NU	EP	PA		Adult sized disposable incontinence product, brief/diaper, extra large, each (over 186)

CODE	MOD	MOD	REIMB REQ	QUANTITY LIMIT	DESCRIPTION
T4525	NU			186	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4525	NU	EP	PA		Adult sized disposable incontinence product, protective underwear/pull-on, small size, each (over 186)
T4526	NU			186	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4526	NU	EP	PA		Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each (over 186)
T4527	NU			186	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4527	NU	EP	PA		Adult sized disposable incontinence product, protective underwear/pull-on, large size, each (over 186)
T4528	NU			186	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4528	NU	EP	PA		Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each (over 186)
T4529	NU			186	Pediatric sized disposable incontinence product brief/diaper, small/medium size , each
T4529	NU	EP	PA		Pediatric sized disposable incontinence product brief/diaper, small/medium size , each (over 186)
T4530	NU			186	Pediatric sized disposable incontinence product brief/diaper, large size , each
T4530	NU	EP	PA		Pediatric sized disposable incontinence product brief/diaper, large size , each (over 186)
T4531	NU			186	Pediatric sized disposable incontinence product, protective underwear/pull-on small/medium size , each

CODE	MOD	MOD	REIMB REQ	QUANTITY LIMIT	DESCRIPTION
T4531	NU	EP	PA		Pediatric sized disposable incontinence product, protective underwear/pull-on small/medium size , each (over 186)
T4532	NU			186	Pediatric sized disposable incontinence product brief/diaper, large size , each
T4532	NU	EP	PA		Pediatric sized disposable incontinence product brief/diaper, large size , each (over 186)
T4533	NU			186	Youth sized disposable incontinence product, brief/diaper, each
T4533	NU	EP	PA		Youth sized disposable incontinence product, brief/diaper, each (over 186)
T4534	NU			186	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4534	NU	EP	PA		Youth sized disposable incontinence product, protective underwear/pull-on, each (over 186)
T4537	NU			186	Incontinence product, protective underpad, reusable, bed size, each
T4537	NU	EP	PA		Incontinence product, protective underpad, reusable, bed size, each (over 186)
T4541	NU			186	Incontinence product, disposable underpad, large, each
T4541	NU	EP	PA		Incontinence product, disposable underpad, large, each (over 186)
T4542	NU			186	Incontinence product, disposable underpad, small size, each
T4542	NU	EP	PA		Incontinence product, disposable underpad, small size, each (over 186)
T4543	NU			186	Disposable incontinence product, brief/diaper, bariatric, each
T4543	NU	EP	PA		Disposable incontinence product, brief/diaper, bariatric, each (over 186)

Procedure code A4534 EP will no longer be covered effective June 1, 2007. This code is not available as a valid procedure code in the 2007 version of the Health Care Procedure Coding System medical code set.

Providers must not dispense the above listed incontinence products simply because the quantity limitations allow. The recipient must agree that replacement of the item is desired and necessary; no automatic shipping is allowed.

**CURRENT PRIOR AUTHORIZATIONS FOR DIAPERS**

Current prior authorizations for the above noted procedure codes for quantities of 186 or less will be terminated effective May 31, 2007. Current prior authorizations for quantities in excess of 186 will be changed to indicate approval of the quantity in excess of 186 effective June 1, 2007.

**MEDICAID MAXIMUM ALLOWABLE AMOUNTS**

Effective for dates of service on or after June 1, 2007, a maximum allowable amount has been added to the claims processing system for the procedure codes listed below. Submission of an invoice of cost with a claim will no longer be required. The quantity limitation for procedure code A5120 NU has also been revised for claims submitted on or after June 1, 2007.

Code	Modifier	Modifier	Maximum Allowable	Quantity Limit
A4363	NU		\$2.36	
A5120	NU		\$.25	150 per 6 months
A5120	NU	EP	\$.25	

**Provider Bulletins** are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

**Missouri Medicaid News:** Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline**  
**573-751-2896**