

**Incontinence Supplies Policy, Professional**

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.*

**Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.**

*Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.*

*UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

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**Application**

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Product**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

This policy identifies circumstances in which UnitedHealthcare Community Plan will reimburse suppliers for incontinence supplies and the maximum amount of supplies that will be reimbursed per month.

**Reimbursement Guidelines**

For the purposes of this policy, incontinence supplies have been split into two subgroups. Group 1 includes disposable diapers, briefs, protective underwear, pull-ons, liners, etc. Group 2 includes Disposable underpads (commonly called chux). The HCPCS codes for each supply within a group that is addressed in this policy are listed below. Washable (non-disposable) items are not addressed in this policy.

**HCPCS Group (1) Codes**

|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| T4521 | T4522 | T4523 | T4524 | T4525 | T4526 | T4527 | T4528 | T4529 | T4530 |
| T4531 | T4532 | T4533 | T4534 | T4535 | T4543 | T4544 | T4545 |       |       |

**HCPCS Group (2) Codes**

|       |       |       |       |
|-------|-------|-------|-------|
| A4553 | A4554 | T4541 | T4542 |
|-------|-------|-------|-------|

Claims for incontinence supplies must contain more than one ICD-10 diagnosis code. An ICD-10 diagnosis code from the Incontinence Supplies ICD-10 Diagnosis Codes List *and* an ICD-10 diagnosis code reflecting the condition causing the incontinence must both be present on the claim. If one or more of the ICD-10 diagnoses on the Incontinence Supplies ICD-10 Diagnosis Codes List are the **ONLY** diagnosis code(s) on the claim all incontinence supplies will be denied.

**Incontinence Supplies ICD-10 Diagnosis Codes**

|         |         |         |        |        |        |        |        |        |         |
|---------|---------|---------|--------|--------|--------|--------|--------|--------|---------|
| F98.0   | F98.1   | N39.3   | N39.41 | N39.42 | N39.43 | N39.44 | N39.45 | N39.46 | N39.490 |
| N39.491 | N39.492 | N39.498 | R15.2  | R15.9  | R30.1  | R32.   | R39.2  | R39.81 | R39.89  |
| R39.9   |         |         |        |        |        |        |        |        |         |

Claims for incontinence supplies must meet state specific age requirements.

**Incontinence Supplies State Specific Age Requirements**

| State                       | Beginning Age | Ending Age |
|-----------------------------|---------------|------------|
| Arizona                     | 0             | 999        |
| California                  | 5             | 999        |
| Florida Long Term Care      | 18            | 125        |
| Florida MMA                 | 4             | 20         |
| Florida MMA (Comprehensive) | 18            | 125        |
| Idaho                       | 21            | 999        |
| Kansas                      | 5             | 999        |
| Maryland                    | 3             | 999        |
| Massachusetts               | 3             | 999        |
| Minnesota                   | 0             | 999        |
| Mississippi                 | 3             | 999        |
| Missouri                    | 4             | 999        |

| State          | Beginning Age | Ending Age |
|----------------|---------------|------------|
| Nebraska       | 3             | 999        |
| New Jersey     | 3             | 999        |
| New Mexico     | 3             | 999        |
| North Carolina | 3             | 999        |
| Ohio           | 3             | 999        |
| Pennsylvania   | 3             | 999        |
| Rhode Island   | 3             | 999        |
| Tennessee      | 3             | 999        |
| Texas          | 4             | 999        |
| Virginia       | 3             | 999        |
| Washington     | 3             | 999        |
| Wisconsin      | 4             | 999        |

**Unless a different amount is outlined in the State Maximums Section or the State Exceptions Section, a maximum of 300 individual units/items from the Group 1 supplies will be allowed per member per month.** This equates to 9-10 disposable incontinent supply items per day or one every 2 ¼ - 2 ½ hours.

All Group 1 codes are monthly aggregates, regardless of a member requiring a change in size during the month. The maximum amount of each size per member per month is not allowed. Once the maximum unit/item count of Group 1 has been met, documentation showing medical necessity for exceeding the limit must be submitted before payment for any exceeding the maximum will be considered. Orders for all supplies must be submitted with the appropriate HCPCS code for the size provided.

If a member does not require incontinence supplies in Group 1, then no supplies in Group 2 will be reimbursable. If the member does require supplies from Group 1, then the Group 2 supplies will be allowed. **Unless a different amount is outlined in the State Maximums Section or the State Exceptions Section, a maximum of 300 individual units/items from the Group 2 supplies will be allowed per member per month.**

See above for a list of acceptable HCPCS Group 1 and Group 2 Supplies codes.

Vendors are not to schedule automatic shipment of incontinence supplies. Prior to each shipment, the vendor should contact the member or caregiver to determine the quantity of supplies on hand and the appropriate size and date for shipment. The delivery date should not be prior to the member having 15 days of supplies available. An order should not contain more than 30 days' worth of supplies. Delivering items where standard packaging exceeds 45 days or more supply is not permitted. Stockpiling of supplies is not allowed.

**Group 1 HCPCS Codes State Maximums (authorization may be required based on benefits and provider manual)**

|                  |   |
|------------------|---|
| <b>180/month</b> | VA, AZ LTC members 21 years of age and older. |
| <b>186/month</b> | KS, MS  |
| <b>192/month</b> | KY  |
| <b>200/month</b> | NJ, NM, TN, WA                                |
| <b>210/month</b> | DC  |
| <b>240/month</b> | AZ LTC members under 21 years, ID, TX         |
| <b>250/month</b> | MA, MD  |
| <b>300/month</b> | MN, NC, NE, OH, PA, RI, WI                    |

**Group 2 HCPCS Codes State Maximums (authorization may be required based on benefits and provider manual)**

|                  |  |
|------------------|--|
| <b>100/month</b> | MN   |
| <b>120/month</b> | TX   |
| <b>150/month</b> | ID, NM, RI                                   |
| <b>180/month</b> | VA, AZ LTC members 21 years of age and older |
| <b>186/month</b> | KS, MS                                       |
| <b>200/month</b> | NJ, TN, WA                                   |
| <b>210/month</b> | DC   |
| <b>240/month</b> | AZ LTC members under 21 years                |
| <b>250/month</b> | MA, MD                                       |
| <b>300/month</b> | NC, NE, OH, PA, WI                           |

**State Exceptions**

|                |  |
|----------------|--|
| <b>Arizona</b> | <p>Arizona plans AZHCCCS and AZDDD are exempt from this policy as their incontinence supplies are handled via capitation through a specified vendor, except for T4545.</p> <p>Arizona LTC is subject to this policy effective 07/01/2022.</p> <p>Codes T4535, T4541, T4542 are not covered.</p> <p>State Specific Age Requirements per Code:</p> |
|----------------|--|

**State Exceptions**

|                      | PROC   | Minimum Age | Maximum Age |
|----------------------|--|-------------|-------------|
|                      | A4553  | 0           | 999         |
|                      | A4554  | 0           | 999         |
|                      | T4521  | 3           | 999         |
|                      | T4522  | 3           | 999         |
|                      | T4523  | 3           | 999         |
|                      | T4524  | 0           | 999         |
|                      | T4525  | 3           | 999         |
|                      | T4526  | 3           | 999         |
|                      | T4527  | 3           | 999         |
|                      | T4528  | 3           | 999         |
|                      | T4529  | 3           | 999         |
|                      | T4530  | 3           | 999         |
|                      | T4531  | 3           | 999         |
|                      | T4532  | 3           | 999         |
|                      | T4533  | 3           | 999         |
|                      | T4534  | 3           | 999         |
|                      | T4543  | 0           | 999         |
|                      | T4544  | 0           | 999         |
|                      | T4545  | 0           | 999         |
| <b>Colorado</b>      | Colorado is exempt from this policy.   |             |             |
| <b>Florida</b>       | <p>Incontinence Supplies may be reimbursed up to a <b>combined</b> total of 200 units.</p> <p>Florida Long Term Care (LTC), Home and Community Based Services (HCBS) are excluded from this policy due to state requirements.</p>  |             |             |
| <b>Hawaii</b>        | Hawaii is exempt from this policy.   |             |             |
| <b>Idaho</b>         | <p>Per State Regulation, codes T4536, T4539, T4537, and T4540 are limited to 2 per month.</p> <p>Group 1 HCPCS limitation for ID: 240 per month</p> <p>Group 2 HCPCS limitation for ID: 150 per month</p>  |             |             |
| <b>Indiana</b>       | Indiana is exempt from this policy as their incontinence supplies are handled via benefit configuration.   |             |             |
| <b>Kansas</b>        | <p>Per State Regulation:</p> <ul style="list-style-type: none"> <li>Codes A4553 and A4554 are exempt because they are not considered to be incontinence supplies</li> <li>For members 21 years and older, providers are required to submit one of the following diagnosis: F98.0, F98.1, N39.498, N39.42, N39.45, R15.9 or R39.81</li> </ul> |             |             |
| <b>Kentucky</b>      | Code T4544 is limited to 180 units per month.  |             |             |
| <b>Massachusetts</b> | Per State Regulations, A4553, A4554, T4541 and T4542 are exempt from Group 2.  |             |             |
| <b>Michigan</b>      | Michigan is exempt from this policy.   |             |             |
| <b>Minnesota</b>     | Codes T4541 and T4542 are covered for up to 100 per State Regulation.  |             |             |

| State Exceptions      |   |
|-----------------------|---|
| <b>Mississippi</b>    | Per State Regulation, Mississippi is excluded from the Group 2 denials if there are no Group 1 supplies received.   |
| <b>Missouri</b>       | Incontinence Supplies may be reimbursed up to a <b>combined</b> total of 186 units and requires documentation to be submitted for supplies that exceed the maximum units.   |
| <b>New Mexico</b>     | Per State Regulations, limits are limited to either group 1 or group 2 per month, not both.   |
| <b>New York</b>       | New York is exempt from this policy.  |
| <b>North Carolina</b> | Per state regulations, North Carolina Medicaid quantity limitations are as follows: <ul style="list-style-type: none"> <li>• T4521-T4524, T4529-T4530, T4533, T4543: 192 per month</li> <li>• T4525-T4528, T4531-T4532, T4534, T4544: 200 per month</li> <li>• A4554: 150 per month</li> </ul> Per State Regulation, North Carolina is excluded from the Group 2 denials if there are no Group 1 supplies received. |
| <b>Pennsylvania</b>   | Per State Regulation, Pennsylvania Medicaid is excluded from the Group 2 denials if there are no Group 1 supplies received and the diagnosis requirement.   |
| <b>Rhode Island</b>   | Per State Requirements: Codes T4524, T4543, T4535 are allowed for a maximum of 300 units per month.   |
| <b>Tennessee</b>      | Tennessee requires documentation to be submitted for supplies that exceed the expected maximum.   |
| <b>Texas</b>          | Group 1 HCPCS limitation for TX: 240 per month<br>Group 2 HCPCS limitation for TX: 120 per month  |
| <b>Virginia</b>       | Per State Regulations, when a member does not require incontinence supplies in Group 1, supplies in Group 2 will be allowed.<br>Per State Regulations, DMAS will allow a 90-day supply for incontinence codes T4521-T4544 and A4554.  |
| <b>Washington DC</b>  | Per District Requirements: Codes A4553, T4525, T4526, T4527, T4528, T4531, T4532, T4533, T4534, T4544 and T4545 are not covered.<br><br>Code A4554 allows a maximum of 300 units per month.   |
| <b>Washington</b>     | Per Washington Medicaid, WAHLOP-WAIMCRE Reentry Program allows the following codes (with no limits): T4536, T4537, T4538, T4539, T4541, T4543, and T4544.<br>The following codes have no limits for the WA Reentry program <b>only</b> : T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535  |

| Questions and Answers |  |
|-----------------------|--|
| <b>1</b>              | <p><b>Q:</b> Why are incontinence supplies not reimbursed when only one diagnosis code is submitted?</p> <p><b>A:</b> A valid incontinence diagnosis and condition causing the incontinence must be listed on the claim along with any symptoms. A claim that list codes based on symptoms alone will not pay. Therefore, a diagnosis code causing the incontinence should be billed along with the symptom diagnosis code indicating the cause of the symptoms. So, it is not that the diagnosis is not covered, but that another code must be billed along with the diagnosis code for the symptoms that shows the condition causing the symptoms.</p> |
| <b>2</b>              | <p><b>Q:</b> Why are Group 2 supplies not reimbursed?</p>  |

**A:** Group 2 supplies are covered, but only if the member is also receiving Group 1 supplies. Group 2 products are used to maintain sanitary conditions for the member. The primary use is not to protect furniture and bedding. If the member does not require the use of the Group 1 products in order to maintain sanitary conditions, then there should be no need for the Group 2 products.

### Resources

Individual state Medicaid regulations, manuals & fee schedules

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

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

### History

|                   |  |
|-------------------|--|
| <b>1/1/2026</b>   | Policy Version and Date Changes<br>State Exception Section: Rhode Island added   |
| <b>11/9/2025</b>  | Policy Version Change<br>State Exception Section: Washington updated   |
| <b>9/14/2025</b>  | Policy Version Change<br>State Exception Section: Virginia updated   |
| <b>7/2/2025</b>   | Policy Version Change<br>State Exceptions Section: Washington added and California removed<br>History Section: Entries prior to 7/2/2023 archived  |
| <b>5/18/2025</b>  | Policy Version Change<br>Incontinence Supplies State Specific Age Requirements Section: Idaho Added<br>Group 1 HCPCS Codes State Maximums Table: ID added<br>Group 2 HCPCS Codes State Maximums table: ID added<br>State Exceptions Section: Idaho added<br>History Section: Entries prior to 5/18/2023 archived           |
| <b>4/27/2025</b>  | Policy Version Change<br>State Exceptions Section: Massachusetts updated   |
| <b>4/20/2025</b>  | Policy Version Change<br>Incontinence Supplies State Specific Age Requirements Section: Texas updated  |
| <b>11/24/2024</b> | Policy Version Change<br>Incontinence Supplies State Specific Age Requirements Section: Florida Healthy Kids Removed   |
| <b>6/14/2024</b>  | Policy Version Change<br>Incontinence Supplies State Specific Age Requirements Section: New Mexico Added<br>Group 1 HCPCS Codes State Maximums Table: NM added<br>Group 2 HCPCS Codes State Maximums table: NM added<br>State Exceptions Section: New Mexico Added<br>History Section: Entries prior to 6/14/2022 archived |
| <b>3/31/2024</b>  | Policy Version Change<br>State Exceptions Section: Kansas updated  |

|                  |  |
|------------------|--|
| <b>3/17/2024</b> | Policy Version Change<br>Group 1 HCPCS Codes State Maximums table: TX updated<br>Group 2 HCPCS Codes State Maximums table: TX updated<br>State Exceptions Section: Texas updated<br>History Section: Entries prior to 3/17/2022 archived |
| <b>2/04/2024</b> | Policy Version Change<br>State Exception Section: Kentucky Added<br>History Section: Entries prior to 2/4/2022 archived  |
| <b>2/16/2013</b> | Policy implemented by UnitedHealthcare Community & State   |