UnitedHealthcare Community Plan

REIMBURSEMENT POLICY
CMS-1500
Policy Number 2020R7111F

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 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.

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 in the "Codes" section below. Washable (non-disposable) items are not addressed in this policy.

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.

For a list of acceptable ICD-10 diagnosis codes, refer to the Attachment Section
Claims for incontinence supplies must meet state specific age requirements. For a list of state specific age requirements, refer to the Attachment Section.

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.**

For a list of acceptable HCPCS Group 1 and Group 2 Supplies codes, refer to the Attachment Section

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)	
186/month	MS
300/month	HI, MI, NE, OH, PA, RI, WI
250/month	MA, MD, NY, TX
200/month	NJ, TN, WA
186/month	KS

Group 2 HCPCS Codes State Maximums (authorization may be required based on benefits and provider manual)	
186/month	MS
300/month	HI, MI, NE, NY, OH, PA, WI
250/month	MA, MD, TX
200/month	NJ, TN, WA
186/month	KS
150/month	RI

State Exceptions	
Arizona	Arizona is exempt from this policy as their incontinence supplies are handled via capitation thru a specified vendor
California	Per California Medicaid, only codes from the Incontinence Supplies ICD-10 Diagnosis Codes List are acceptable as a secondary diagnosis For a list of acceptable California secondary ICD-10 diagnosis codes, refer to the Attachment Section. Per State Regulations • Codes T4525, T4526, T4527, T4528, T4541, T4542 and T4544 are limited to 120 units in a 27 day period • Codes T4522 and T4524 are limited to no more than 192 units in a 27 day period • Codes T4521, T4529, T4530, T4531, T4532, T4533, T4534 and T4543 are limited to no more than 200 units in a 27 day period • Code T4523 is limited to no more than 216 units in a 27 day period
Florida	Incontinence Supplies may be reimbursed up to a ***combined*** total of 200 units Florida Long Term Care (LTC), Home and Community Based Services (HCBS) are excluded from this policy due to state requirements
Kansas	Per State Regulation, codes A4553 and A4554 is exempt from this policy for Medicaid because they are not considered to be incontinence supplies. CodesT4541 and T4542 are not covered Per State Regulation, Home Health Care & DME Providers are required to submit one diagnosis and it must be one of these diagnosis codes F98.0, F98.1, N39.498, N39.42, N39.45, R15.9 or R39.81 and covered for member's age 21 and over
Michigan	Per State Regulation, Michigan is excluded from the Group 2 denials if there are no Group 1 supplies received
Mississippi	Per State Regulation, Mississippi is excluded from the Group 2 denials if there are no Group 1 supplies received
Missouri	Incontinence Supplies may be reimbursed up to a ***combined*** total of 186 units and requires documentation to be submitted for supplies that exceed the maximum units
New York	New York Medicaid providers are required to submit one diagnosis and it must be from the New York Incontinence Supplies List. For a list of acceptable ICD-10 diagnosis codes refer to the Attachment Section. Per State Regulation, code A4554 allows a maximum of 300 units per month
North Carolina	Per state regulations, North Carolina Medicaid quantity limitations are as follows: • T4521-T4524, T4529-T4530, T4533, T4544: 192 per month • T4525-T4528, T4531-T4532, T4534, T4543: 200 per month • A4554: 150 per month
Pennsylvania	Per State Regulation, Pennsylvania Medicaid is excluded from the Group 2 denials if there are no Group 1 supplies received and the diagnosis requirement
Tennessee	Tennessee requires documentation to be submitted for supplies that exceed the expected maximum
Texas	Per State Regulation, code A4554 allows a maximum of 150 units per month

State Exceptions	
Virginia	Per Virginia State regulation there are no State maximums and a Group 1 supplies is not required to receive a Group 2 supplies

Questions and Answers	
1	**Q:** Why are incontinence supplies not reimbursed when only one diagnosis code is submitted? **A:** 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.
2	**Q:** Why are Group 2 supplies not reimbursed? **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.

Attachments	
UnitedHealthcare Community Plan Incontinence Supplies State Specific Age Requirements	List of State Specific Age Requirements
UnitedHealthcare Community Plan Incontinence Supplies ICD-10 Diagnosis Codes	List of Required ICD-10 Incontinence Supplies Diagnosis Codes
California Medicaid Incontinence Supplies ICD-10 Diagnosis Codes	List of Required California ICD-10 Incontinence Supplies Diagnosis Codes
New York Medicaid Incontinence Supplies ICD-10 Diagnosis Codes	List of Required New York ICD-10 Incontinence Supplies Diagnosis Codes
UnitedHealthcare Community Plan HCPCS Group (1) Codes	List of Group (1) Incontinence Supplies Codes
UnitedHealthcare Community Plan HCPCS Group (2) Codes	List of Group (2) Incontinence Supplies Codes

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

11/22/2020	Policy Version Change State Exceptions: Kansas updated
9/20/2020	Policy Version Change State Exceptions: Texas added
7/13/2020	Policy Version Change State Exceptions Section: Removed reference to Iowa Attachments Section: Removed Iowa lists, Updated Incontinence Supplies State Specific Age Requirements list.
3/23/2020	Policy Version Change State exceptions section: Removed reference to Louisiana Group 1 / Group 2 sections: Removed references to Louisiana Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the “Louisiana Only” policy
2/16/2020	Policy Version Change State Exceptions Section: Updated Kansas
1/1/2020	Annual Policy Version Change Group 1 HCPCS Codes State Maximums Section: Updated Mississippi Group 2 HCPCS Codes State Maximums Section: Updated Mississippi History Section: Entries prior to 1/1/2018 archived
11/17/2019	Policy Version Change Attachment Section: Updated State Specific Age Requirements list for New Jersey
10/8/2019	Policy Version Change Attachment Section: Updated Iowa Medicaid Incontinence Supplies ICD-10 Diagnosis Codes List
8/11/2019	State Exceptions Section: Added exception for North Carolina Attachment Section: Updated the state specific age requirements list
3/4/2019	State Maximums Section: Group 1 and 2 State Maximum grids were updated and separated to provide clarity and updated MSCAN to MS State Exceptions Section: changed MSCAN to MS
2/10/2019	Annual Anniversary Date and Version Change Added ‘Professional’ to the policy title; removed reference to Community and State and Medicare and Retirement in the Application section, Initial Observation Care Policy
1/1/2019	Annual Version Change State Maximums: Removed Delaware and New Mexico

	Attachments Section: Added code T4545 to the UnitedHealthcare Community Plan HCPCS Group (1) Codes List History Section: Entries prior to 1/1/2017 archived
8/8/2018	State Exceptions Section: added Group 2 exception for Mississippi
4/26/2018	State Exceptions Section: Removed exception for Arizona Long Term Care (LTC)
3/14/2018	Policy Approval Date Change
2/18/2018	State Exceptions Section: added exception for Virginia state maximums
1/8/2018	Attachment Section: updated Iowa Category and Combination Category Maximum Limits and Timeframes to provide more clarity around the submission of combination codes B or C with D.
1/1/2018	1/1/2018: Annual Version Change History Section: Entries prior to 1/1/2015 were archived
2/16/2013	Policy implemented by UnitedHealthcare Community & State