

Incontinence Supplies Policy, Professional for Louisiana

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. *CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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

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 day's 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)

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| 250/month | LA |
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Group 2 HCPCS Codes State Maximums (authorization may be required based on benefits and provider manual)

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| 250/month | LA |
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State Exceptions





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| Louisiana | Louisiana requires documentation to be submitted for supplies that exceed the expected maximum |
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Questions and Answers

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| 1 | <p>Q: Why are incontinence supplies not reimbursed when only one diagnosis code is submitted?</p> <p>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.</p> |
| 2 | <p>Q: 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.

Attachments: Please right-click on the icon to open the file

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|  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 |
|  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

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| 2/22/2021 | Updated Policy overview Section and attachment (List of State Specific Age Requirements). |
| 2/15/2021 | Removed reference to other state exceptions |
| 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 |

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| | 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 |
| 11/15/2017 | State Exceptions Section: Added max units exception for AZ LTC |
| 11/12/2017 | State Exceptions Section: Removed verbiage for Florida regarding documentation requirements that exceed the max units Attachment Section: Updated the state specific age requirements list (Texas from beginning age of 4 to beginning age of 3) |
| 11/1/2017 | Attachment Section: added Florida LTC and HCBS exclusions |
| 10/12/2017 | State Exceptions Section: Kansas diagnosis and age requirements added regarding Home Health Care Providers |
| 10/4/2017 | State Exceptions Section: Kansas exception updated for codes T4541 and T4542 |
| 8/27/2017 | State Exceptions Section: Added exception for Virginia |
| 7/21/2017 | State Exceptions Section: Removed language regarding T4543 for New Mexico |
| 7/15/2017 | Application Section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies |
| 7/2/2017 | State Maximums updated for Kansas. State Exceptions Section: Added A4553 exception for Kansas |
| 6/18/2017 | State Exceptions Section: Added verbiage for Florida and Iowa regarding documentation requirements that exceed the max. Added HCPCS and limits for California Medicaid Attachment Section: Updated the California Medicaid Incontinence Supplies ICD-10 Diagnosis Codes List |
| 5/28/2017 | Attachment Section: Updated state specific age requirements list for FL MMA (comprehensive) |
| 5/20/2017 | Reimbursement Guidelines Section: Added State specific age requirements language State Exceptions Section: Removed Florida and Missouri allowed ages Attachment Section: Added state specific age requirements list |
| 4/9/2017 | State Maximums Section: Updated Nebraska max units to 300 |
| 3/12/2017 | Policy Approval Date Change (no new version) State Exceptions Section: Age requirements removed for Florida Long-Term Care (LTC) |
| 2/28/2017 | State Exceptions Section: Added documentation regarding age requirements and combined total units for Florida and Missouri. |
| 2/11/2017 | State Maximums for Group1/Group 2 HCPCS codes based on State: Added Maximum limit for Missouri State Exceptions Section: Added exception for Florida and Missouri |

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| 1/1/2017 | Annual Version Change Policy Verbiage Changes: Overview section updated to remove reference to ICD 9 CM State Exceptions Section: New Mexico Medicaid monthly limit language “but <u>not</u> both” was updated for Group (1) and Group (2) supplies. Attachments Section: Updated to remove Incontinence Supplies ICD-9-CM Codes List Added code A4553 to the UnitedHealthcare Community Plan HCPCS Group (2) Codes List History Section: Entries prior to 1/1/2015 archived. |
| 2/16/2013 | Policy implemented by UnitedHealthcare Community & State |

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