

Incontinence Products and Supplies

Reimbursement Policy ID: RPC.0045.72KF

Recent review date: 02/2024

Next review date: 02/2025

Keystone First Community Health Choices reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Keystone First Community Health Choices may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy identifies coverage criteria for incontinence products and supplies. Incontinence products and supplies are considered to be eligible for reimbursement when certain conditions are present. Except as noted with an asterisk in the "Limits" column in the reimbursable products and supplies grid below, Keystone First Community Health Choices follows Pennsylvania Department of Human Services (PADHS) coverage criteria for incontinence products and supplies.

Exceptions

N/A

Reimbursement Guidelines

Keystone First Community Health Choices considers the incontinence products and supplies listed herein eligible for reimbursement when the below documented medical condition(s) exist:

Diagnosis Code	Description
F98.0	Enuresis not due to a substance or known physiological condition
F98.1	Encopresis not due to a substance or known physiological condition
N36.81	Hypermobility of urethra
N36.42	Intrinsic sphincter deficiency (ISD)
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.490	Overflow incontinence
N39.491	Coital incontinence
N39.492	Postural (urinary) incontinence
N39.498	Other specified urinary incontinence
R15.0	Incomplete defecation
R15.1	Fecal smearing
R15.2	Fecal urgency
R15.9	Full incontinence of feces
R32	Unspecified urinary incontinence
R39.81	Functional urinary incontinence

Incontinence Products and Supplies

Keystone First Community Health Choices will reimburse for the incontinence products and supplies listed below. Quantities billed up to the maximum allowed limit do not require a prior authorization. Reimbursement for a quantity of products or supplies billed over the maximum allowed limit without prior authorization will be denied. For an individual requiring both diapers and pull-on briefs, the total quantity of these items combined cannot exceed 300 per month.

HCPCS codes submitted for reimbursement must accurately reflect the items requested.

HCPCS code	Description	Limits
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	12 per month*
A4554	Disposable underpad, all sizes	300 per month*
A4927	Gloves, nonsterile, per 100	5 per month
A4930	Gloves, sterile, per pair	100 per month
T4521	Adult-sized disposable incontinence product, brief/diaper, small size, each	300 per month

T4522	Adult-sized disposable incontinence product, brief/diaper, medium size, each	300 per month
T4523	Adult-sized disposable incontinence product, brief/diaper, large size, each	300 per month
T4524	Adult-sized disposable incontinence product, brief/diaper, extra-large, each	300 per month
T4526	Adult-sized disposable incontinence product, protective underwear/pull-on, medium size, each	300 per month
T4527	Adult-sized disposable incontinence product, protective underwear/pull-on, large size, each	300 per month
T4528	Adult-sized disposable incontinence product, protective underwear/pull-on, extra-large size, each	300 per month
T4530	Pediatric-sized disposable incontinence product, brief/diaper, large size, each	300 per month
T4531	Pediatric-sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	300 per month
T4532	Pediatric-sized disposable incontinence product, protective underwear/pull-on, large size, each	300 per month
T4533	Youth-sized disposable incontinence product, brief/diaper, each	300 per month
T4534	Youth-sized disposable incontinence product, protective underwear/pull-on, each	300 per month
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	300 per month
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	300 per month
T4537	Incontinence product, protective underpad, reusable, bed size, each	300 per month
T4540	Incontinence product, protective underpad, reusable, chair size, each	300 per month
T4541	Incontinence product, disposable underpad, large, each	180 per month
T4542	Incontinence product, disposable underpad, small size	300 per month
T4543	Disposable incontinence product, brief/diaper, bariatric, each	300 per month
T4544	Adult-sized disposable incontinence product, protective underwear/pull-on, above extra-large size, each	300 per month
W0137	Miscellaneous	Requires Authorization

Definitions

Incontinence

Lack of voluntary control over urination or defecation.

Edit Sources

- I. Current Procedural Terminology (CPT).
- II. Healthcare Common Procedure Coding System (HCPCS).

- III. International Statistical Classification of Diseases and Related Health Problems (ICD), and associated publications and services.
- IV. <https://www.humanservices.state.pa.us/OUTPATIENTFEESCHEDULE/Search>

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
02/2024	Annual review-no major changes
08/2023	Removal of policy implemented by Keystone First Community Health Choices from Policy History section
02/2023	Reimbursement Policy Committee Approval
01/2023	Template revised <ul style="list-style-type: none"> • Preamble revised • Applicable Claim Types table removed • Coding section renamed to Reimbursement Guidelines • Associated Policies section added