

interChange Provider Important Message

Attention DME Providers – Changes to Claim Submission of Select Incontinence Supplies for Clients with Other Insurance (OI)

In order to simplify Medicaid secondary billing of absorbency and diaper products, which are rarely covered by commercial health insurance plans, the Department of Social Services is issuing new guidance to documenting Other Insurance (OI) denials. Please note that this guidance does not apply to Medicare denials and concerns only the specific products identified below. There are 23 Medicaid reimbursable procedure codes associated with absorbency and diaper products which are the following:

Procedure Code	Procedure Code Description
T4521	Adult sized disposable incontinence product brief/diaper small each
T4522	Adult sized disposable incontinence product brief/diaper medium each
T4523	Adult sized disposable incontinence product brief/diaper large each
T4524	Adult sized disposable incontinence product brief/diaper extra-large each
T4525	Adult sized disposable incontinence product protective underwear/pull-on small
T4526	Adult sized disposable incontinence product protective underwear/pull-on medium
T4527	Adult sized disposable incontinence product protective underwear/pull-on large
T4528	Adult sized disposable incontinence product protective underwear/pull-on extra
T4529	Pediatric sized disposable incontinence product brief/diaper small/medium size

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T4530	Pediatric sized disposable incontinence product brief/diaper large size each
T4531	Pediatric sized disposable incontinence product protective underwear/pull-on
T4532	Pediatric sized disposable incontinence product protective underwear/pull-on
T4533	Youth sized disposable incontinence product brief/diaper each
T4534	Youth sized disposable incontinence product protective underwear/pull-on each
T4535	Disposable liner/shield/guard/pad/undergarment for incontinence each
T4536	Incontinence product protective underwear/pull-on reusable any size each
T4537	Incontinence product protective underpad reusable bed size each
T4539	Incontinence product diaper/brief reusable any size each
T4540	Incontinence product protective underpad reusable chair size each
T4541	Incontinence product disposable underpad large each
T4542	Incontinence product disposable underpad small size each
T4543	Adult sized disposable incontinence product protective brief/diaper above extra
T4544	Adult sized disposable incontinence product protective underwear/pull-on above

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Effective January 1, 2017, DME providers will be required to obtain a commercial health insurance denial once per year for the disposable absorbency and diaper products listed above. The commercial health insurance denial must be kept on file and shall be considered a valid proof of denial for claim submission. The commercial health insurance denial date must be entered on the claim and be within one year of the claim date of service (please refer to Chapter 11 - "Professional Other Insurance/ Medicare Billing Guide" for guidance on submitting secondary claims). Audited DME providers will be required to show proof of the dated commercial health insurance denial associated with the selected claim under review. Failure to provide the appropriate denial will result in the claim being recouped.

