



**Alaska Medicaid
Incontinence Policy Clarification
Size and Quantity**
(T4521 – T4535, T4543 – T4544)

POLICY:

In accordance with 7 AAC 120.200(b), a durable medical equipment provider may request payment for disposable incontinence products, including diapers, liners, underpads, reusable protective underpads, wipes and washcloths for recipients three years of age or older.

CLARIFICATION #1:

The DMEPOS interim fee schedule identifies specific quantities of up to 180 allowed per month for codes T4521 thru T4535 and T4543 thru T4544 without an approved service authorization. While each product has its own specific quantity allotment per month, if multiple product sizes/various HCPCs, are dispensed at the same time/same month, the total quantity for all combined products remains the same at 180 without an approved service authorization. Quantities higher than 180 per month for any single product or combination of listed products requires an approved service authorization.

CLARIFICATION #2:

When dispensing a combination of listed products, secondary claim lines for different size products will deny for NCCI/MUE. These claims cannot be overridden at the claim level and providers must timely utilize the appeals processes to request any denied reimbursement.

Providers have a certain level of discretion when identifying the correct size product needed by each individual. However, there are combinations of products that are not appropriate and should not be dispensed in combination without a service authorization. Page 2 of this clarification identifies which products may be dispensed in combination and for which a 1st level appeal will be approved. 1st level appeals for products not listed as appropriate to be dispensed together and do not have an approved service authorization will be denied. Providers requesting 2nd level appeals must ensure sufficient documentation is submitted to support having dispensed wider product sizes.

		T4521	T4522	T4523	T4524	T4525	T4526	T4527	T4528	T4529	T4530	T4531	T4532	T4533	T4534	T4543	T4544
		ADULT SIZE BRIEF/DI APER SM	ADULT SIZE BRIEF/DI APER MED	ADULT SIZE BRIEF/DI APER LG	ADULT SIZE BRIEF/DI APER XL	ADULT SIZE PULL-ON SM	ADULT SIZE PULL-ON MED	ADULT SIZE PULL-ON LG	ADULT SIZE PULL-ON XL	PED SIZE BRIEF/DI APER SM/MED	PED SIZE BRIEF/DI APER LG	PED SIZE PULL-ON SM/MED	PED SIZE PULL-ON LG	YOUTH SIZE BRIEF/DI APER	YOUTH SIZE PULL-ON	DISP BARIATR IC BRIEF/DI APER	ADULT PROT UNDER WEAR/P ULL-ON, ABOVE XL
T4521	ADULT SIZE BRIEF/DIAPER SM																
T4522	ADULT SIZE BRIEF/DIAPER MED																
T4523	ADULT SIZE BRIEF/DIAPER LG																
T4524	ADULT SIZE BRIEF/DIAPER XL																
T4525	ADULT SIZE PULL-ON SM																
T4526	ADULT SIZE PULL-ON MED																
T4527	ADULT SIZE PULL-ON LG																
T4528	ADULT SIZE PULL-ON XL																
T4529	PED SIZE BRIEF/DIAPER SM/MED																
T4530	PED SIZE BRIEF/DIAPER LG																
T4531	PED SIZE PULL-ON SM/MED																
T4532	PED SIZE PULL-ON LG																
T4533	YOUTH SIZE BRIEF/DIAPER																
T4534	YOUTH SIZE PULL-ON																
T4543	DISP BARIATRIC BRIEF/DIAPER																
T4544	ADULT PROT UNDERWEAR/PULL-ON, ABOVE XL																