

**Subject:** Diapers for Medicaid Members

**Medical Policy #:** 4.8

**Status:** Reviewed

**Original Effective Date:** 01/01/2013

**Last Review Date:** 08/21/2024

## Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

## Description

Medicaid members three years and older who suffer from neurological or neuromuscular disorders or who has other diseases associated with incontinence with chronic bowel/bladder incontinence may be eligible for coverage of diapers.

## Coverage Determination

**Prior Authorization is required. Logon to Pres Online to submit a request:** <https://ds.phs.org/preslogin/index.jsp>

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses [NM HSD, NMAC 8.324.5.13.D.2.c.](#)

### Coverage:

- Medicaid members ages 3 and older
- Incontinence supply prescribed by physician to member:
  - who suffers from neurological or neuromuscular disorders
  - OR**
  - who has other diseases associated with incontinence

### Limitation:

- 200 disposable diapers per month **or**
- 150 under pads per month
- Non-covered for 2 and younger

## Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

### HCPCS Codes

HCPCS	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 size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on,medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on,large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, each

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

HCPCS	Description
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
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
T4541	Incontinence product, disposable under pad, large, each
T4542	Incontinence product, disposable under pad, small size, each
T4543	Disposable incontinence product, brief/diaper, bariatric, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large, each
A4520	Incontinence garment, any type, (e.g., brief, diaper), each

## Reviewed by / Approval Signatures

**Population Health & Clinical Quality Committee (PHCQC):** Clinton White MD

**Senior Medical Director:** Jim Romero MD

**Date Approved:** 08/21/2024

## References

1. NMAC, Chapter 324 – Adjunct Services, 8.324.5 Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics, Effective date: January 1, 2014. [Cited 05/21/2024]

## Publication History

01-01-13	Original effective date
02-13-13	Revised language re: Participating DME vendor
03-06-13	Revised language re age.
01-29-14	Presbyterian Policy Retired
01-29-14	Presbyterian now uses NM HSD, NMAC 8.324.5.13
03-25-15	Annual Review. Website accessed. No change.
01-27-16	Annual Review.
01-24-18	Annual review. Accessed NMAC 8.324.5.13.D.2.C 1/17/18. No change.
03-27-19	Annual review. Accessed NMAC 8.324.5.13.D.(2).(c). No change since 01-01-14.
07-22-20	Annual review. Reviewed by PHP Medical Policy Committee on 07/02/2020. The committee agreed to continue PA for T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4541, T4543. List of ICD-10 were removed. Criteria reworded to keep in-line with NMAC.
07-28-21	Annual review. Reviewed by PHP Medical Policy Committee on 06/23/2021. No change to criteria. The committee agreed to continue PA for the listed codes and to add codes T4544 and T4542 to PA grid.
07-27-22	Annual review. Reviewed by PHP Medical Policy Committee on 06/22/2022. Continue to follow NMAC coverage for Centennial members. Added language in the Limitation section that 2 and younger is non-covered, which does not change coverage. Continue PA for codes: T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4541, T4542, T4543, T4544, A4520, A4522.
07-26-23	Annual review. Reviewed by PHP Medical Policy Committee on 05/03/2023. Continue to follow NMAC. Removed "Centennial Care" and replaced with "Medicaid" in the title and throughout the policy. Continue PA requirement.
08-21-24	Annual review. Reviewed by PHP Medical Policy Committee on 05/22/2024. No change. Continue to follow NMAC 8.324.5.13.D.2.c. Continue PA requirement.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

*This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such. For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)*

**Web links:**

*At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.*

*When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.*