

Subject: Diapers for Medicaid Members

Medical Policy #: 4.8

Status: Reviewed

Original Effective Date: 01/01/2013

Last Review Date: 08/27/2025

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 |
| 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](#)

Medical Director: [Kresta Antillon MD](#)

Date Approved: 08/27/2025

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 05/23/2025]

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].

08-27-25 Annual review. Reviewed by PHP Medical Policy Committee on 05-28-2025. No change. Continue to follow NMAC8.324.5.13.D.2.c. Continue PA requirement.

05-06-2026- Ad-hoc. PA requirement for Code T4535 removed and code is also removed.

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.