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Reminder: Submitting Claims for Incontinence Supplies

Dear providers,

As a reminder, the Health Plan of San Mateo (HPSM) requires prior authorization for some incontinence supply services. You can look up HPSM's incontinence supply policy, including authorization requirements, here: https://www.hpsm.org/docs/default-source/provider-services/hpsm_incontinence_supply_policy.pdf

All incontinence supplies require a primary and secondary diagnosis code on the claim. The primary and secondary diagnosis codes must be entered on the claims to reflect the condition causing the incontinence and the type of incontinence.

For a list of primary incontinence diagnosis codes see: https://www.hpsm.org/docs/default-source/provider-services/incontinence-supplies-diagnosis-codes.pdf

One of the following diagnosis codes are required as a secondary diagnosis for billing; claims without one of these diagnosis codes listed in the secondary position may be denied:

ICD-10 Code	Description
F98.0	Enuresis not substnc/physiol cond
F98.1	Encopresis no substnc/physiol cond
N39.3	Stress incontinence female male
N39.41	Urge incontinence
N39.42	Incontinence w/o 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 spec urinary incontinence
R15.0	Incomplete defecation
R15.1	Fecal smearing
R15.2	Fecal urgency
R15.9	Full incontinence of feces
R30.1	Vesical tenesmus
R32	Unspecified urinary incontinence
R39.2	Extrarenal uremia
R39.81	Functional urinary incontinence
R39.82	Chronic bladder pain
R39.83	Unilateral non-palpable testicle
R39.84	Bilateral non-palpable testicles
R39.89	Unspecified symptoms and signs involving the
	genitourinary system
R39.9	Unspecified symptoms and signs involving the
	genitourinary system

Please direct any questions to HPSM's Provider Services department at PSInquiries@hpsm.org.

Thank you,

The Health Plan of San Mateo