

## HPSM Incontinence Supply Policy

Use this guide to support the Health Plan of San Mateo (HPSM) members who require incontinence supplies or services. For the most up-to-date list, view our prior authorization required list:

<https://www.hpsm.org/provider/authorizations>

**Reminder: All incontinence supply claims 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. Please see a list of secondary diagnosis codes below.**

### Incontinence Supply HCPCS Codes

Code	Code Description	Comments	Prior Auth Required?
A4335	IC supply, misc (Washes)	Members can choose either washes or wipes. Both products cannot be used at the same time.	<p>These codes will not require prior authorization when they meet all the following requirements:</p> <ul style="list-style-type: none"> <li>Product must be on the HPSM Incontinence Supply Formulary. <a href="#">The Formulary can be found here.</a></li> <li>Patient must also have a primary diagnosis that is the cause of incontinence.</li> <li>Patient must have an incontinence diagnosis code (see Table 2 for list of incontinence diagnosis codes).</li> <li>Patient must be &gt;5 years old.</li> <li>There are no product quantity limits on these items.</li> <li>Total reimbursement amount must be under \$180 If the request does not meet any or all of these</li> </ul>
A4554	Disposable underpads all sizes		
A6250	Skin sealnt protct moisutr zr ointment		
T4521	Adult disposable incont brief/diaper SM		
T4522	Adult disposable incont brief/diaper MD		
T4523	Adult disposable incont brief/diaper LG		
T4524	Adult disposable incont brief/diaper XLG		
T4525	Adult disposable incont underwear SM		
T4526	Adult disposable incont underwear MD		
T4527	Adult disposable incont underwear LG		
T4528	Adult disposable incont underwear XLG		
T4529	Ped disposable incont brief/diaper S/M		

T4530	Ped disposable incont brief/diaper LG		requirements, then a prior authorization is required.
T4531	Ped disposable incont underwear S/M		
T4532	Ped disposable incont underwear LG		
T4533	Youth disposable incont brief/diaper		
T4534	Youth disposable incont underwear		
T4535	Disposable Liner/Pad/Undergarment IC		
T4536	IC Underwear/Pullon reusable		
T4541	IC disposable Underpad LG		
T4542	IC disposable Underpad SM		
T4543	Disposable IC brief/diaper Bariatric	Yes	<ul style="list-style-type: none"> <li>• Use this code when requesting bariatric diapers</li> <li>• There is no formulary bariatric product.</li> </ul>
A4520	Incontinence garment, any type	Yes	<ul style="list-style-type: none"> <li>• Use this code when requesting any non-HPSM Formulary Products</li> <li>• See Table 3 for guidelines on how to request non-formulary products</li> </ul>
T5999	Supply not otherwise specified	Yes	Do not use this code. Use code A4520 if requesting non-HPSM Formulary Products
A4927	Gloves non-sterile per 100	No	<ul style="list-style-type: none"> <li>• Use this code when billing for gloves</li> <li>• Hard cap of 200</li> <li>• Incontinence related diagnosis code required (see Table 2 for list of incontinence diagnosis codes)</li> </ul>

			<ul style="list-style-type: none"> <li>• Reimbursement for this item is not included in the \$180 reimbursement cap</li> <li>• There is no formulary glove product</li> </ul>
A9900	Misc DME supply/accessory/service component of another HCPCS (Wipes only)	No	<ul style="list-style-type: none"> <li>• Members can choose either washes or wipes. Both products cannot be used at the same time</li> <li>• Use this code when billing for wipes</li> <li>• Hard cap of 512</li> <li>• Incontinence related diagnosis required (see Table 2 for list of incontinence diagnosis codes)</li> <li>• Reimbursement for this item is not included in the \$180 reimbursement cap</li> <li>• There is no formulary wipe product</li> <li>• Modifier CG required</li> </ul>
T4537	IC Underpad Reusable Bed	No	<ul style="list-style-type: none"> <li>• Use this code when billing for reusable waterproof sheets</li> <li>• Hard cap of 2 per year</li> <li>• Incontinence related diagnosis code required (see Table 2 for list of incontinence diagnosis codes)</li> <li>• Reimbursement for this item is not included in the \$180 reimbursement cap</li> <li>• There is no formulary product</li> </ul>

## HPSM Incontinence Supply Formulary

Note: UPN/Product number must be entered in the designated field of the claim form with the corresponding qualifier. For electronic claims/837 file, the UPN Product Qualifier and UPN are to be entered in Loop 2410, LIN segment on the 837. LIN02 is for the Product Qualifier and LIN03 is for the UPN. For paper claims, use the shaded area above section 24 of the CMS 1500.

### Incontinence Diagnosis Codes

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

## Prior Authorization Requirements

Here is the criteria and more information for when a request requires prior authorization or not:

Subject	Policy
No Prior Authorization Required (Must meet all criteria)	<p>Unless otherwise noted above, a claim will not require prior authorization when it meets all the following requirements:</p> <ul style="list-style-type: none"> <li>Product must be on the HPSM Incontinence Supply Formulary. The Formulary can be found at: <a href="https://www.hpsm.org/providers/authorizations">https://www.hpsm.org/providers/authorizations</a></li> <li>Patient must have a primary diagnosis that is the cause of incontinence</li> <li>Patient must have an incontinence diagnosis code</li> </ul>

	<ul style="list-style-type: none"> <li>• Patient must be &gt;5 years old</li> <li>• Total reimbursement amount must be under \$180 (excluding gloves and wipes)</li> <li>• Product amount must conform to quantity limits for gloves and wipes (hard cap of 200 gloves and 512 wipes per month).</li> </ul>
Authorization Timeframes	<ul style="list-style-type: none"> <li>• Acute conditions: 3-6 months, depending upon the condition</li> <li>• Chronic: 1 year</li> </ul>
Use of Non-Formulary Products (New Request)	<ul style="list-style-type: none"> <li>• Prior Authorization required using HCPCS code A4520</li> <li>• Medical documentation from a health care provider (HCP) detailing the clinical need for nonformulary products.</li> <li>• Member must try at least two formulary products. Each product must be tried for at least a month, or as long as the HCP deems is necessary to determine that the product itself is the cause of the problem.</li> <li>• HCP must provide clinical documentation as to why each specific product did not meet the member’s clinical needs.</li> <li>• Claim is to be submitted using HCPCS code A4520.</li> </ul>
Use of Non-Formulary Products (Existing User)	<ul style="list-style-type: none"> <li>• Prior Authorization required using HCPCS code A4520</li> <li>• Medical documentation from a health care provider (HCP) detailing the clinical need for nonformulary products.</li> <li>• Medical documentation detailing that member had previously tried formulary products, and why the products did not meet the member’s clinical needs.</li> <li>• Claim is to be submitted using HCPCS code A4520</li> </ul>
Other Health Coverage as the Primary Payer	<ul style="list-style-type: none"> <li>• Patients with other health coverage (OHC) as the primary payer will require a denial letter or evidence of coverage be submitted with the claim. The denial letter or evidence of coverage must demonstrate that incontinence supplies are not a covered benefit.</li> </ul>

### Where and How to Submit Prior Authorization Requests

Please submit prior authorization requests as follows:

- **For California Children’s Services/HPSM members**
  - Use the HPSM PA form, which can be found at: <https://www.hpsm.org/providers/authorizations>
  - Please send CCS requests to San Mateo County California Children’s Services Program Fax Line at 650-616-2598.
- **For all other HPSM members**

- Use the HPSM PA form, which can be found at: <https://www.hpsm.org/providers/authorizations>
- Please send PA requests to HPSM's Prior Authorization Unit Fax Line at 650-829-2079.
  - The HPSM IC Prescription form is required with the PA

## Questions?

For questions regarding the Incontinence Supply Prior Authorization Process, please contact HPSM's Health Services department at 650-616-2070.