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This document applies to the following Participating Organizations:

Priority Partners

Keywords: Diapers, Incontinence

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I. ACTION

X	New Policy	
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II. POLICY DISCLAIMER

Johns Hopkins Health Plans (JHHP) provides a full spectrum of health care products and services for Advantage MD, Employer Health Programs, Johns Hopkins Health Plan of Virginia Inc., Priority Partners, and US Family Health Plan. Each line of business possesses its own unique contract, benefits, regulations, and regulators' clinical guidelines that supersede the information outlined in this policy.

III. POLICY

For Priority Partners (PPMCO) refer to:

- Code of Maryland Regulations (COMAR) 10.67.06.13 [Benefits - Disposable Medical Supplies and Durable Medical Equipment](#)
- Code of Maryland Regulations (COMAR) 10.09.12.04 [Medical Care Programs, Disposable Medical Supplies and Durable Medical Equipment - Covered Services](#)
- Code of Maryland Regulations (COMAR) 10.09.12.05 [Medical Care Programs, Disposable Medical Supplies and Durable Medical Equipment - Limitations](#)
- Maryland Medical Assistance Program, [Medical Supply and Equipment Transmittal Number 64, May 13, 2009](#)
- Maryland Department of Health (MDH), Maryland Medicaid DMS/DME Program [Approved List of Items](#)

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IV. POLICY CRITERIA

A. General Considerations:


1. This policy outlines medical necessity criteria and quantity limits for the coverage of incontinence supplies, specifically: diapers/briefs, protective underwear/pull-ons, liners, shields, guards, pads and underpads.
2. JHHP uses the Maryland Department of Health (MDH) [Approved List of Items \(Incontinence Supplies\)](#) to define covered services and quality limits per age group when noted (*Refer to Table 1 below*).
3. Incontinence supplies are covered only when adequate documentation is maintained by the provider and kept as part of the permanent member file:
 - a. Signed and dated prescriber order including documentation that a *face-to-face encounter occurred within 6 months before ordering services*; AND,
 - b. Clinical documentation identifying the medical conditions associated with *prolonged* urinary or bowel incontinence and details supporting the medical necessity of the requested supplies.
4. Claims for incontinence supplies must include at least *two* ICD-10 diagnosis codes:
 - a. A diagnosis code(s) identifying the type of incontinence (e.g. functional incontinence, stress incontinence). (*Refer to Appendix A, Section 1*).
 - b. A diagnosis code(s) identifying the underlying comorbidity(s) contributing to incontinence (e.g. multiple sclerosis, cancer, cognitive impairment). (*Refer to Appendix A, Section 2*).
5. Claims for incontinence supplies should be submitted with the most specific code available that appropriately describes the service. Not otherwise classified (NOC) HCPCS codes must only be used when a more specific HCPCS or CPT code is not available (*Refer to Table 2 below*).

B. Medical Necessity Criteria:

1. When benefits are provided under the member's contract, JHHP considers incontinence supplies medically necessary when the following criteria are met:
 - a. Members 3 years of age or older:
 - i. Presence of an underlying medical condition that is associated with prolonged urinary or bowel incontinence to prevent institutionalization and/or infection. This includes but is not limited to:
 - Urological disorders (eg, urogenital fistulas, benign prostate hypertrophy)
 - Neurological disorders (eg, stroke, Parkinson's disease, cauda equine syndrome)
 - Acquired structural abnormalities (eg, anorectal surgery, obstetric injury, prostate cancer)
 - Impaired cognitive function (eg, severe dementia, stroke, autism)
 - Impaired mobility (eg, post-surgery, multiple sclerosis)
 - Congenital disorders (eg, spina bifida, cerebral palsy, anorectal malformation, bladder exstrophy, Hirschsprung disease).
 - b. Members under 3 years of age:
 - i. Presence of an infectious disease that is transmitted primarily by blood/blood products and/or body fluids (*Refer to Appendix A, Section 3*), OR;
 - ii. Presence of an underlying medical condition (e.g. congenital malformation, Crohn's disease, neurogenic bladder/bowel) that requires incontinence supplies *in excess* of what is considered age appropriate (*Refer to Definitions section for information on age appropriate quantities*).
 - c. Members of all ages:
 - i. For pull-on underwear type garments, evidence the member has the cognitive and physical ability to pull up and take off the diaper independently and is able to ambulate and is not bedridden.

C. Quantity in Excess of Set Limits: (*Refer to Table 1 below*)

1. Cases where the quantity of supplies requested is over the MDH set limits will require review and may be approved on a case-by-case basis if criteria in section B are met and sufficient clinical documentation is provided showing one of the following:

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- a. A member has a medical condition that causes excessive urination or defecation (e.g., diabetes incipidus, radiation enteritis, congenital malformations), OR;
- b. A member has experienced skin breakdown or infection when using the maximum quantity of appropriate product(s).

Table 1. Quantity of Incontinence Supplies (based on MDH [Approved List of Items](#))

<i>Age Group</i>	<i>Product Quantity</i>	<i>HCPCS Codes</i>
16 years or older	180 disposable garments (brief/diaper & protective underwear/pull-on)	T4521-T4534, A4520 (non-specific code-individual consideration)
	100 disposable underpads per month	A4554, T4541-T4543
15 years and under	240 disposable garments (brief/diaper & protective underwear/pull-on)	T4521-T4534, A4520 (non-specific code-individual consideration)
	135 disposable underpads per month	A4554, T4541-T4543
Any age	200 disposable liners/shields per month	T4535
Any age	24 reusable garments per year	T4536, T4539
Any age	2 non-disposable underpads per month	A4553

Table 2. Non-specific / Not otherwise classified (NOC) HCPCS codes

<i>Code</i>	<i>HCPCS Codes</i>
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A4335	Incontinence supply; miscellaneous

V. DEFINITIONS


Age-appropriate diaper needs: Although it is hard to estimate exact needs based on a child's age (diaper size goes by weight, not age), the average child may need up to 10 diapers per day from birth through 4 months, 8-9 diapers per day up to 8 months, and 5-7 diapers per day up to 36 months (Pumpers, 2022; Healthline, 2020).

Functional incontinence: Functional incontinence is urine loss due to cognitive or physical impairments (e.g., due to dementia, stroke, impaired mobility) or environmental barriers that interfere with control of voiding (Merk Manual, 2023).

Mixed urinary incontinence: Mixed urinary incontinence is a combination of stress urinary incontinence and urgency urinary incontinence (Clemens, 2023).

Overactive bladder: Overactive bladder is a term that describes a syndrome of urinary urgency with or without incontinence, which is often accompanied by nocturia and urinary frequency (Lukacz, 2023).

Overflow urinary incontinence: Overflow urinary incontinence is a continuous urinary leakage or dribbling in the setting of incomplete bladder emptying (Lukacz, 2023).

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Stress urinary incontinence: Stress urinary incontinence is an involuntary leakage of urine that occurs with increases in intraabdominal pressure (eg, with exertion, sneezing, coughing, laughing) in the absence of a bladder contraction (Lukacz, 2023).

Urgency urinary incontinence: Urgency urinary incontinence is an urge to void immediately preceding or accompanied by involuntary leakage of urine. The amount of leakage ranges from a few drops to completely soaked undergarments (Lukacz, 2023).

Types of incontinence products:

- **Diapers/Briefs:** Protective underwear with self-adhesive tabs and elastic leg gathers to improve fit and prevent leakage; used for light to heavy incontinence.
- **Inserts/liners:** Absorbent sanitary napkins or inserts generally used for light and infrequent incontinence.
- **Pull-on garments:** Protective underwear that the user may pull up or down as needed and that is held in place by its own straps, buttons, snaps, Velcro or slip-on feature; generally used for moderate incontinence.
- **Underpads:** Flat pad with absorbent filler and waterproof backing, designed to protect bedding, furniture and medical equipment. Reusable underpads have a higher absorbency and therefore may be used in conjunction with disposable pads when there is a high volume of urine or fecal leakage (TUFTS Health Plan, 2023).


VI. BACKGROUND

Urinary incontinence (UI) has been estimated to affect 33 million people in the United States. The effect of UI on quality of life (QOL) can be profound, as it can impair social, physical, and psychological well-being. Prolonged UI can lead to urinary tract infections, pressure ulcers, perineal rash, and falls in older adults (Urology Care Foundation, 2021; Pizzol et al., 2021). Urinary incontinence is negatively associated with the ability to perform activities of daily living, thus increasing the need for caregiver assistance. Six to 10 percent of nursing home admissions in the United States are attributable to urinary incontinence (Lukacz, 2023).

UI is twice more common among adult females than male individuals. Estimates of female UI prevalence in the United States range from 5.8% to 69% depending on reporting. Stress incontinence accounted for 1.9% to 31.8% of patients, urgency incontinence for 0.7% to 24.4%, and mixed urinary incontinence for 2.1% to 12% of patients (Tahra et al., 2022). Pregnancy, vaginal delivery, menopause, and older age are significant risk factors for UI. Stress UI is more common in younger women where urgency UI is more common in older women. Urologic or gynecologic disorders that can cause urinary incontinence in women may include urogenital fistulas, urethral diverticula, and ectopic ureters. Systemic comorbidity causes may include stroke, Parkinson's disease, multiple sclerosis, diabetes, bladder cancer or invasive cervical cancer (Lukacz, 2023; Pizzol et al., 2021; Tahra et al., 2022).

Men are frequently reluctant to report urinary incontinence and seek care. However, some evidence suggests that UI may have a greater emotional and social impact on the quality of life for men than for women and result in a higher risk of institutionalization (Clemens, 2023). Urgency UI is the most common type of UI among men. It is typically associated with either bladder outlet obstruction or overactive bladder syndrome, causing urinary urgency and frequency. Causes of Urgency UI include benign prostate hypertrophy (BPH), neurologic conditions (eg, stroke, Parkinson's disease, spinal injury), and some medications. Stress UI frequently presents as a result of prostate surgery and may affect as many as 87% of patients following radical prostatectomy (Averbeck et al., 2019; Clemens, 2023).

Fecal incontinence (FI) also has a significant social and economic impact and greatly impairs the quality of life. Studies possibly underestimate the prevalence of FI as many adults are reluctant to report it. In a United States population-based survey of 71,812 individuals, 14% of responders reported experiencing FI. The rates of FI appear to be similar in men and women

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(8.1% versus 8.9%). Some of the common underlying conditions for FI include neurologic disorders (eg, stroke, multiple sclerosis), spinal cord injuries, anal trauma or surgery, diabetes, radiation treatment or inflammatory bowel disease, rectal prolapse, and rectocele in women (Eisen, 2022; Robson & Lembo, 2022).

VII. CODING DISCLAIMER

CPT® Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member's specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determination guidelines may apply.


Note: All inpatient admissions require preauthorization.

Adherence to the provisions in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

Priority Partners (PPMCO): Regulatory guidance supersedes JHHP Medical Policy. If there are no criteria in COMAR regulations, or other State guidelines, apply the Medical Policy criteria.

VIII. CODING INFORMATION

HCPCS CODES ARE FOR INFORMATIONAL PURPOSE ONLY	
HCPCS CODES	DESCRIPTION
A4335	Incontinence supply; miscellaneous
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A4553	Nondisposable underpads, all sizes
A4554	Disposable underpads, all sizes
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
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each

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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
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small size, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each

IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins Health Plans (JHHP) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

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XI. APPROVALS

Historical Effective Dates: 02/01/2024