



Division of Medical Services Program Planning & Development

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TO: Arkansas Medicaid Health Care Providers – Prosthetics

DATE: June 1, 2009

SUBJECT: Provider Manual Update Transmittal # 129

REMOVE

Section	Date
212.100	8-1-05
242.130	10-15-07

INSERT

Section	Date
212.100	6-1-09
242.130	6-1-09

Explanation of Updates

Section 212.100 has been included to clarify instructions for benefit extensions in the diaper program.

Section 242.130 has been included to remove procedure code **A4345 (and all related modifiers)**. Arkansas Medicaid descriptions have been added to procedure codes **T4529, T4529-EP-U1, T4530, T4531, T4531-EP-U1, T4532, and T4532-NU/EP-U1**. The **NU** modifier has been added to procedure codes **T4530, T4532 and T4533**.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:

www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

*TOC not required***212.100 Diapers and Underpads for Individuals Age 3 and Older**

6-1-09

Diapers and underpads are covered by the Arkansas Medicaid Program but are benefit limited and must be medically necessary.

A. Medical Necessity

Diaper services must be medically necessary **and the medical condition that prohibits the ability to potty train must be documented**. Only patients with a medical condition that results in incontinence of the bladder and/or bowel may receive diapers through the Home Health and Prosthetics Programs. This coverage does not apply to infants who would be in diapers regardless of their medical condition. Medicaid does not cover underpads or diapers for beneficiaries under the age of 3 years.

B. Benefit Limit

The benefit limit for diapers and underpads is \$130.00 per month, per beneficiary, for diapers of any size and underpads. The benefit limit applies to any diaper or underpad, or any combination, whether provided through the Prosthetics Program, the Home Health Program or both. The limit on diapers and underpads is separate from the limit established for home health and durable medical equipment (DME) medical supplies.

The benefit may be extended with proper documentation.

C. Extension of Benefits for Diapers and Underpads

To obtain an extension of benefits for diapers and underpads, the following information must be submitted to the Prosthetics Services Reviewer, DMS Utilization Review. [View or print the DMS Utilization Review contact information](#).

1. **A completed Medicaid Form DMS-699, titled Request for Extension of Benefits for the requested time period prior to the delivery of the product. [View or print form DMS-699](#).**
2. **Documentation supported by the medical record substantiating the medical necessity of an extension of benefits, including the prescription(s) for all prescribed incontinence products.**

242.130 Diapers and Underpads, 3 Years Old and Older

6-1-09

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization is indicated by the heading PA. If prior authorization is required, that information is indicated with a "Y" in the column, or if not, an "N" is shown.

- *...() This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Diapers and Underpads, 3 Years Old and Older (section 242.130)

Procedure Code	M1	M2	Description	PA	Payment Method
A4554	NU		Disposable underpads, all sizes (e.g., Chux's)	N	Purchase
T4521	NU		Adult-sized disposable incontinence product, brief/diaper, small, each	N	Purchase
T4522	NU		Adult-sized disposable incontinence product, brief/diaper, medium, each	N	Purchase
T4523	NU		Adult-sized disposable incontinence product, brief/diaper, large, each	N	Purchase
T4524	NU		Adult-sized disposable incontinence product, brief/diaper, extra large, each	N	Purchase
T4526	NU EP		Adult-sized disposable incontinence product, protective underwear/pull-on, medium size, each	N	Purchase
T4527	NU EP		Adult-sized disposable incontinence product, protective underwear/pull-on, large size, each	N	Purchase
T4528	NU EP		Adult-sized disposable incontinence product, protective underwear/pull-on, extra large size, each	N	Purchase
T4529	EP		** (Small diaper) Pediatric-sized disposable incontinence product, brief/diaper, small/medium size, each	N	Purchase
T4529	EP	U1	** (Medium diaper) Pediatric-sized disposable incontinence product, brief/diaper, small/medium size, each	N	Purchase
T4530	NU EP		Pediatric-sized disposable incontinence product, brief/diaper, large size, each	N	Purchase
T4531	EP		** (Small diaper) Pediatric-sized disposable incontinence product, brief/diaper, reusable, small/medium size, each	N	Purchase
T4531	EP	U1	** (Medium diaper) Pediatric-sized disposable incontinence product, brief/diaper, reusable, small/medium size, each	N	Purchase
T4532	NU EP		** (Large diaper) Pediatric-sized disposable incontinence product, brief/diaper, reusable, large size, each	N	Purchase

Diapers and Underpads, 3 Years Old and Older (section 242.130)

Procedure Code	M1	M2	Description	PA	Payment Method
T4532	NU EP	U1 U1	* ** (Extra large diaper) Pediatric-sized disposable incontinence product, brief/diaper, reusable, large size, each	N	Purchase
T4533	NU EP		Youth-sized disposable incontinence product, brief/diaper, each	N	Purchase
T4535	NU EP		Disposable liner/shield/guard/pad/undergarment for incontinence, each	N	Purchase
T4535	NU EP	U1 U1	Disposable liner/shield/guard/pad/undergarment for incontinence, each	N	Purchase
T4543	NU		Disposable incontinence product, brief/diaper, bariatric, each	N	Purchase

Reimbursement is based on a per unit basis with one unit equaling one item (diaper, underpad). When billing for these services that are benefit limited to a dollar amount per month, providers must bill according to the calendar month.

Providers must not span calendar months when billing for diapers and/or underpads. The date of delivery is the date of service. Providers should not bill "from" and "through" dates of service.

Refer to section 212.100 of this manual for coverage information on diapers and underpads.