Incontinence Products and Supplies

Reimbursement Policy ID: RPC.0045.05xx

Recent review date: 03/2026

Next review date: 02/2027

AmeriHealth Caritas Pennsylvania reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Pennsylvania may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements 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 claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy identifies coverage criteria for incontinence products and supplies. Incontinence products and supplies are considered to be eligible for reimbursement when certain conditions are present. AmeriHealth Caritas Pennsylvania follows Pennsylvania Department of Human Services (PADHS) coverage criteria for incontinence products and supplies.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas Pennsylvania considers the incontinence products and supplies listed herein eligible for reimbursement when the below documented medical condition(s) exist:

Diagnosis code	Description
F98.0	Enuresis not due to a substance or known physiological condition
F98.1	Encopresis not due to a substance or known physiological condition
N36.81	Hypermobility of urethra
N36.42	Intrinsic sphincter deficiency (ISD)
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.42	Incontinence without 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 specified urinary incontinence
R15.0	Incomplete defecation
R15.1	Fecal smearing
R15.2	Fecal urgency
R15.9	Full incontinence of feces
R32	Unspecified urinary incontinence
R39.81	Functional urinary incontinence

Incontinence products and supplies

AmeriHealth Caritas Pennsylvania will reimburse for the incontinence products and supplies listed below. Quantities billed up to the maximum allowed limit do not require a prior authorization. Reimbursement for a quantity of products or supplies billed over the maximum allowed limit without prior authorization will be denied. For an individual requiring both diapers and pull-on briefs, the total quantity of these items combined cannot exceed 300 per month.

HCPCS codes submitted for reimbursement must accurately reflect the items requested.

HCPCS code	Description	Limit
A4927	Gloves, nonsterile, per 100	100 per month
T4521	Adult-sized disposable incontinence product, brief/diaper, small size, each	300 per month
T4522	Adult-sized disposable incontinence product, brief/diaper, medium size, each	300 per month
T4523	Adult-sized disposable incontinence product, brief/diaper, large size, each	300 per month
T4524	Adult-sized disposable incontinence product, brief/diaper, extra-large size, each	300 per month
T4526	Adult-sized disposable incontinence product, protective underwear/pull-on, medium size, each	300 per month
T4527	Adult-sized disposable incontinence product, protective underwear/pull-on, large size, each	300 per month

T4528	Adult-sized disposable incontinence product, protective underwear/pull-on, extra-large size, each	300 per month
T4530	Pediatric-sized disposable incontinence product, brief/diaper, large size, each	300 per month
T4531	Pediatric-sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	300 per month
T4532	Pediatric-sized disposable incontinence product, protective underwear/pull-on, large size, each	300 per month
T4533	Youth-sized disposable incontinence product, brief/diaper, each	300 per month
T4534	Youth-sized disposable incontinence product, protective underwear/pull-on, each	300 per month
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	300 per month
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	4 per month
T4537	Incontinence product, protective underpad, reusable, bed size, each	4 per month
T4540	Incontinence product, protective underpad, reusable, chair size, each	4 per month
T4541	Incontinence product, disposable underpad, large size, each	180 per month
T4542	Incontinence product, disposable underpad, small size	180 per month
T4543	Disposable incontinence product, brief/diaper, bariatric, each	300 per month
T4544	Adult-sized disposable incontinence product, protective underwear/pull-on, above extra-large size, each	300 per month

Definitions

Incontinence
Lack of voluntary control over urination or defecation

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. Corresponding AmeriHealth Caritas Pennsylvania Clinical Policies.
VII. Applicable AmeriHealth Caritas Pennsylvania manual reference.
VIII. Commonwealth of Pennsylvania Medicaid Program guidance.
IX. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

03/2026	Reimbursement Policy Committee Approval
02/2026	Annual review • No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Pennsylvania from Policy History section
01/2023	Template revised • Preamble revised • Applicable Claim Types table removed • Coding section renamed to Reimbursement Guidelines • Associated Policies section added