



May 20, 2013

Montana Health Care Programs Notice

Durable Medical Equipment

Effective Immediately

T4535 – Underpads, Liners, and Shields

Information contained in this provider notice replaces the Montana Health Care provider notice dated March 2, 2009, in regard to T4535 (disposable liner/shield/guard/pad/undergarment, for incontinence).

All claims for diapers, underpads, liners, and shields are to be submitted with the valid HCPCS codes assigned for the incontinence product being supplied. Specifically, T4535 is to only be used when supplying a disposable liner, shield, guard, pad, or undergarment for incontinence. This code is limited to 240 per month. At no time may T4535 be substituted for billing for diapers. Regardless of in what capacity the T4535 (liner, shield, guard, pad) is being used (i.e., as a diaper doubler, liner, pad, or shield) this code is specifically listed in the HCPCS book as a disposable liner, shield, guard, pad, undergarment for incontinence use and shall be reimbursed as such.

Diapers, Underpads, Liners, and Shields

The T codes listed below are more specific to the type of incontinence products distributed by Montana Medicaid durable medical equipment providers. These codes will be paid the “by report” percentage of 75% of billed charges. Also, maximum allowable amounts will be attached to each code. The allowable amount is 180 disposable diapers per month; 36 reusable diapers, underpads, liners, or shields per year (3 per month); and 240 disposable underpads per month.

HCPCS Code and Description	
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, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
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

HCPCS Code and Description	
T4535	Disposable liner/shield/guard/pad/ undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4537	Incontinence product, protective underpad, reusable, bed size, each
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4540	Incontinence product, protective underpad, reusable, chair size, each
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small size, each
T4543	Disposable incontinence product, brief/diaper, bariatric, each

Diapers, under pads, liners, and shields are covered for individuals who have a medical need for the items based on their diagnosis. These items are not covered for clients under 3 years of age or clients in long-term care (nursing facility) settings. Disposable diapers are limited to 180 diapers per month. Disposable underpads, liners, and shields are limited to 240 per month. Reusable diapers, underpads, liners, and shields are limited to 36 units each per year (three per month).

Contact Information

If you have any questions, please contact Donna Shorten at 406.444.5296 or DShorten@mt.gov.

For claims questions or additional information, contact Provider Relations at 1.800.624.3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.