Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, California 94534

PARTNERSHIP MAXIMUM/AVERAGE BENEFIT- INCONTINENCE GUIDELINES

Billing Code (HCPCS)	Description	UOM	Medi-Cal Quantity Limits	Monthly Quantity
Disposable Incontinence Products (Briefs/Diapers)				
Adult Sizes				
T4521	Adult sized disposable incontinence product, brief/diaper, **small**	each	200 in a 27-day period	225 /month
T4522	Adult sized disposable incontinence product, brief/diaper, **medium/regular**	each	192 in a 27-day period	216 /month
T4523	Adult sized disposable incontinence product, brief/diaper, **large**	each	216 in a 27-day period	243 /month
T4524	Adult sized disposable incontinence product, brief/diaper, **extra-large (XL) and double extra-large (XXL)**	each	192 in a 27-day period	216 /month
T4543	Adult sized disposable incontinence product, protective brief/diaper, **triple extra-large (XXXL) or above**	each	200 in a 27-day period	225 /month
Youth Size				
T4533	**Youth sized** disposable incontinence product, brief/diaper	each	200 in a 27-day period	225 /month
Pediatric Sizes				
T4529	Pediatric sized disposable incontinence product, brief/diaper, **small/medium**	each	200 in a 27-day period	225 /month
T4530	Pediatric sized disposable incontinence product, brief/diaper, **large**	each	200 in a 27-day period	225 /month

Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, California 94534

PARTNERSHIP MAXIMUM/AVERAGE BENEFIT- INCONTINENCE GUIDELINES

Billing Code (HCPCS)	Description	UOM	Medi-Cal Quantity Limits	Monthly Quantity
Disposable Incontinence Products (Protective Underwear/Pull-Ons)				
Adult Sizes				
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, **small**	each	120 in a 27-day period	135 /month
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, **medium**	each	120 in a 27-day period	135 /month
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, **large**	each	120 in a 27-day period	135 /month
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, **extra-large (XL) and double extra-large (XXL)**	each	120 in a 27-day period	135 /month
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, **triple extra-large (XXXL) or above**	each	120 in a 27-day period	135 /month
Youth Size				
T4534	**Youth sized** disposable incontinence product, protective underwear/pull-on	each	200 in a 27-day period	225 /month
Pediatric Sizes				
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, **small/medium**	each	200 in a 27-day period	225 /month
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, **large**	each	200 in a 27-day period	225 /month

Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, California 94534

PARTNERSHIP MAXIMUM/AVERAGE BENEFIT- INCONTINENCE GUIDELINES

Billing Code (HCPCS)	Description	UOM	Medi-Cal Quantity Limits	Monthly Quantity
Disposable Liners/Shields/Pads/Undergarments *(See Note 1)*				
T4535	Disposable liners	each	180 in a 27-day period if only one product type billed. 300 in a 27-day period if two or more product types billed.	202 or 338 /month
T4535	Disposable shield	each		202 or 338 /month
T4535	Disposable pad	each		202 or 338 /month
T4535	Disposable undergarment (belted or beltless)	each		202 or 338 /month
Disposable Underpads				
T4541	Incontinence product, disposable underpad, **large size** (core mat area size equal to or greater than 676 sq. in.)	each	120 in a 27-day period	135 /month
T4542	Incontinence product, disposable underpad, **small size** (core mat area size less than 676 sq. in.)	each	120 in a 27-day period	135 /month
A4554	Disposable underpads, breathable	each	None *Restricted to patients using low air flow beds.* TAR required	—
Incontinence Reusable Pants (Any Size)				
T4536	Incontinence product, protective underwear/pull-on, reusable, **small, medium, large, XL, XXL**	each	2 units per claim, one claim per calendar month and 12 claims in a 12 month period	2 /month
Reusable waterproof sheeting				
T4537	Reusable waterproof sheeting	each	2 per year	—
Incontinence Skin Care *(See Note 2)*				
A4335	Incontinence wash	ml	2880 ml in an 81-day period	1081 /month
A6250	Incontinence cream/ointment	g/ml	1620 g/ml in an 81-day period.	608 /month

Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, California 94534

PARTNERSHIP MAXIMUM/AVERAGE BENEFIT- INCONTINENCE GUIDELINES

Note 1: If justification is provided, liners, shields, pads and disposable undergarments may be mixed and matched, not to exceed 300 total units in a 27-day period or 338/ month. Medical justification must be stated in Section C, field 12 on the DHCS form 6187, Incontinence Supplies Medical Necessity Certification, which is Attachment B to this policy. Please reference the following link for quantity limits:
List of Incontinence Medical Supply Billing Codes

Note 2: Skin Cream and Skin Wash Codes A4335 and A6250 do not require a TAR unless they are ordered above normal frequency limit. However, providers are encouraged to include these items on the incontinence supplies TAR as the authorization will be good for one year and the provider will be able to submit claims electronically without attaching the prescription each month. If these items are not included on the incontinence supply TAR, then the provider must submit a paper claim and attach a prescription form with each submission.

Additional Notes:

- The “NU” code modifier is NOT to be used for disposable incontinence supplies.
- Kimberly-Clark Products are not a Medi-Cal Benefit.
- Enuresis Alarm Pads are a covered benefit as described in policy MCUP3013 Durable Medical Equipment (DME) Authorization.