

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

PARTNERSHIP MAXIMUM/AVERAGE BENEFIT- INCONTINENCE GUIDELINES

DESCRIPTION OF PRODUCTS	HCPCS	MCL QTY
<u>DISPOSABLE INCONTINENCE PRODUCTS (BRIEFS/ DIAPERS):</u>	<i>See Note 1 below</i>	
Adult Sizes:		
Small	T4521	200/Month
Medium/ Regular	T4522	192/Month
Large	T4523	216/Month
Extra-Large (XL) and XXL	T4524	192/Month
Bariatric XXXL or above	T4543	200/Month
Youth Size:	T4533	200/Month
Pediatric Sizes:		
Small/Medium	T4529	200/Month
Large	T4530	200/Month
<u>DISPOSABLE INCONTINENCE PRODUCTS (PROTECTIVE UNDERWEAR/ PULL-ONS):</u>	<i>See Note 1 below</i>	
Adult Sizes:		
Small	T4525	120/Month
Medium	T4526	120/Month
Large	T4527	120/Month
Extra-Large (XL) and XXL	T4528	120/Month
Bariatric XXXL or above	T4544	120/Month
Youth Size:	T4534	200/Month
Pediatric Sizes:		
Small/Medium	T4531	200/Month
Large	T4532	200/Month
Note 1: Quantity limits for Disposable Incontinence Products (Briefs/ Diapers) and Disposable Incontinence Products (Protective Underwear/ Pull-Ons) cannot be combined without medical justification (which 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). If justification is provided, Briefs/ Diapers and Disposable Incontinence Products (Protective Underwear/ Pull-Ons) may be mixed and matched as long the combined total does not exceed 300 units. Also note that the "NU" code modifier is NOT to be used for disposable incontinence supplies.		
<u>DISPOSABLE LINERS/ SHIELDS/ PADS/ UNDERGARMENTS:</u>	<i>See Note 2 below</i>	
Disposable Liners/ Shields	T4535	180/Month
Disposable Pads	T4535	180/Month
Beltless Undergarments	T4535	180/Month
Belted Undergarments	T4535	180/Month
Note 2: Specific qty. limits apply to each product type. In this section, liners/shields, pads & undergarments may be mixed and matched as long as no single product type exceeds 180 units AND the combined total does not exceed 300 units of these items. Also note that the "NU" code modifier is NOT to be used for disposable incontinence supplies.		

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DESCRIPTION OF PRODUCTS	HCPCS	MCL QTY
<u>Disposable Underpads:</u>		
Large Underpad	T4541	120/Month
Small Underpad	T4542	120/Month
<u>Incontinent Reusable Pants (Any Size):</u>	T4536	2/Month
<u>Reusable Waterproof Sheeting:</u>	T4537	2/Year
<u>Incontinence Skin Care:</u>		
Skin Cream <i>See Note 3 below</i>	A6250	540 gm/ Month
Skin Wash <i>See Note 3 below</i>	A4335	960 ml/ Month
Enter in the system in cc's (8 oz. tube = 270 cc)		
Note 3: 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 supply 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.		
<u>Gloves:</u>		
Non-Sterile Gloves	A4927	200/Month

Additional Notes:

(Applies to All): 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