Criteria Checklist

Alabama Medicaid Agency Incontinence Supplies

| PREREQUISTE CRITERIA The patient must meet all of the following: | | | | |
|--|---|---|--|--|
| | Patient must be Medicaid eligible | | | |
| | EPSDT referral is current | | | |
| | Recipient is at least 3 years old | | | |
| | Patient is non-ambulatory or minimally ambulatory | | | |
| | | If the patient is ambulatory, but due to their mental status/cognitive or developmental disability, they | | |
| | | are unable to assist in his/her toileting needs, documentation of his/her extraordinary need must be | | |
| | | submitted. | | |
| | Patient is | medically at risk for skin breakdown, which is defined as meeting at least two of the following criteria: | | |
| | | Unable to control bowel or bladder functions | | |
| | | Unable to utilize regular toilet facilities due to medical condition | | |
| | | Unable to physically turn self or reposition self | | |
| | | Unable to transfer self from bed to chair or wheelchair without assistance | | |
| | | | | |
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DIAGNOSIS CODES

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

| T4521 | Adult-sized incontinence product, diaper, small |
|-------|---|
| T4522 | Adult-sized incontinence product, diaper, medium |
| T4523 | Adult-sized incontinence product, diaper, large |
| T4524 | Adult-sized incontinence product, diaper, extra large |
| T4529 | Child-sized incontinence product, diaper, sm/med |
| T4530 | Child-sized incontinence product, diaper, large |
| T4533 | Youth-sized incontinence product, brief/diaper, each |
| T4543 | Adult-sized incontinence product, diaper, above extra large |

^{*}EPSDT recipients may receive name brand diapers at an increased reimbursement rate. The following procedure codes with an SC modifier should be used when requesting name brand diapers: T4521, T4522, T4523, T4524, T4530, and T4533.

Special Waiver Patients Only:

ID and LAH Waiver patients are able to also receive the following items:

| A4553 | Non-disposable underpads, all sizes |
|-------|--|
| A4554 | Disposable underpads, all sizes |
| A4927 | Non-sterile gloves |
| A9286 | Any hygienic item, device (Baby Wipes) |
| T4535 | Disposable liner/shield/pad |
| T4545 | Incontinence disposable penile wrap |

^{*}Documentation may include notes from the patient chart.