

## **PRIOR AUTHORIZATION NO LONGER REQUIRED**

*A4520: INCONTINENT GARMENT, ANY TYPE, (E.G., BRIEF, DIAPER), EACH*

Effective 1/1/2012, HCPCS code A4520 will no longer require a prior authorization up to the monthly limit of 180 diapers. If it is medically necessary to exceed the monthly limit of 180 diapers per month a prior authorization, along with a physician or nurse practitioner order and supporting medical documentation, must be submitted to the Medicaid office for review. The quantity to be requested on the prior authorization is to be that which exceeds quantities over the initial 180/month. (Example: Johnny requires 240 diapers per month due to urinary/bowel incontinence with excessive diarrhea related to medication management. The Provider would submit a prior authorization requesting an additional 60 diapers per month).

Paid claims are subject to retrospective review. This is to safeguard against unnecessary and inappropriate use of Medicaid services and against excess payments. If the Department pays a claim and later discovers that the service was incorrectly billed or the claim was erroneously paid in some other way, such as coverage criteria was not met for the item dispensed, the Department will recover any overpayment. Please familiarize yourself with the disposable diaper policy posted below.

### **DISPOSABLE DIAPERS (ADULT & YOUTH):**

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Coverage allowed if the following condition is present:

- Over the age of 4 with an underlying medical condition that involves loss of bowel or bladder control.
  - Physician/Nurse Practitioner order is required which must include the quantity of the item/supply per month, duration of need, and the medical reason.
  - Diapers limited to 180/month.
  - Liners limited to 70/month.
  - ICF/MD and skilled nursing facility residence are excluded, as the products are included in the facility, per diem
  - Only a one-month supply may be dispensed at any time.

**Policy Effective 1/1/2012**