



THE HSC HEALTH CARE SYSTEM

Health Services for Children  
with Special Needs, Inc.

October 13, 2020

## **HSCSN AUTHORIZATION UPDATE: Incontinence Supplies**

Effective October 15<sup>th</sup>, 2020, Health Services for Children with Special Needs (HSCSN) will no longer require prior authorization for incontinence supplies, nebulizers and nebulizer supplies. Prior authorization will only be necessary for requests above the HSCSN quantity limits and for all specialty incontinence products (those requiring a GL modifier). Remember, all incontinence supplies require a valid physician/practitioner order that includes a diagnosis of incontinence. Orders should be kept on file by the Disposable Medical Supply (DMS) provider and can be audited upon request by HSCSN.

HSCSN's decision to remove the prior authorization requirements for incontinence supplies and nebulizers should lessen the administrative burden for DMS providers and improve enrollee access to these items.

### **Key Points for DMS providers:**

Effective Date is October 15, 2020

- Prior authorization will not be required for diapers and disposable briefs; disposable under pads (chux); liners; and wipes (incontinence supplies).
- Quantity limits will apply. For example, any combination of diapers cannot exceed 210 per month.
- Prior authorization is not required for nebulizers and nebulizer supplies.
- The link for the District of Columbia Fee Schedule is included below:  
<https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleInquiry>

- A table of incontinence supplies is also included for your reference.

**Questions:**

Should you have any questions or concerns regarding this notice, please contact your assigned Provider Relations Representative at 202-467-2737 or via email at PRelations@hschealth.org. The HSCSN UM Department is available to address any authorization related questions at 202-721-7162 or via email at UM@hschealth.org.

**Attachment:**

CODE	PROCEDURE LONG DESCRIPTION	MAX UNITS	AUTHORIZED FREQUENCY
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER SMALL EACH	210	PER MONTH
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		
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PROIDUCT PROTECTIVE BRIEF/DIAPER ABOVE 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		
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT FOR INCONTINENCE EACH	210	PER MONTH
T4539	INCONTINENCE PRODUCT DIAPER/BRIEF REUSABLE ANY SIZE EACH	2	PER MONTH
T4542	INCONTINENCE PRODUCT DISPOSABLE UNDERPAD SMALL SIZE EACH	150	PER MONTH
A4554	DISPOSABLE UNDERPADS(CHUX) ALL SIZES		
A4335**	INCONTINENCE SUPPLY MISCELLANEOUS (9 PACK WIPES)	900	PER MONTH
E0570	NEBULIZER	1	PER YEAR
A7003	ADMINISTRATION SET	2	PER MONTH
A7015	AEROSOL MASK USED WITH DME NEBULIZER	1	

A7005	NONDISPOSABLE NEBULIZER SET	1	PER MONTH
A7013	DISPOSABLE COMPRESSOR FILTER	2	
A7525	TRACHEOSTOMY MASK	1	

**\*\*A4335 is the designated code to be used for wipes\*\***