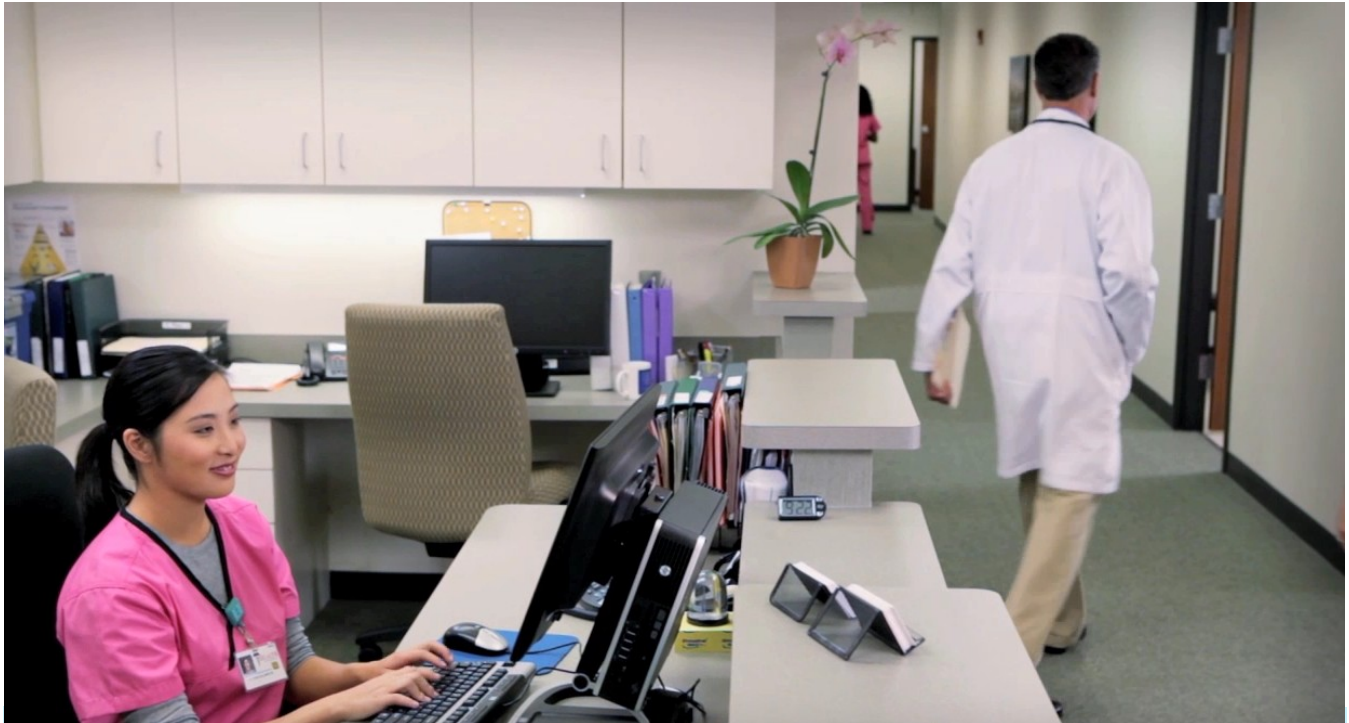


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201162 DECEMBER 20, 2011



IHCP changes policy regarding incontinence, ostomy, and urological supply providers

Effective February 1, 2012, there will be only two vendors contracted by the Indiana Health Coverage Programs (IHCP) to provide incontinence, ostomy, and urological supplies, including diapers, underpads, ostomy bags, and gloves, to fee-for-service (FFS) members. Fee-for-service members include those in Traditional Medicaid and *Care Select*. Contact information for the contracted providers follows:

Binson's Home Health Care Centers

binsons.com

Telephone: 1-888-217-9610

J&B Medical Supply Company

jandbmedical.com

Telephone: 1-866-674-5850

All FFS members will be required to obtain incontinence, ostomy, and urological supplies through mail order from one of these contracted providers. Claims for supplies from noncontracted providers with dates of service on or after February 1, 2012, will systematically deny.

[Continue](#)

Members enrolled in the 590 Program, Medical Review Team (MRT), First Steps, Pre-Admission Screening and Resident Review (PASRR), Long Term Care, and risk-based managed care (RBMC) programs are excluded from this policy change.

Members with Medicare or third-party insurance must follow the guidelines of Medicare and their primary insurance plan to receive reimbursement for these products. Crossover claims and claims with a third-party payment amount indicated for these supplies are not affected by this policy change, as long as Medicare or the primary carrier coverage was in effect on the date of service and included the product. Before supplying these products to FFS Medicaid members, providers must verify the member's Medicare or primary carrier eligibility and product coverage for the date of service. If coverage under Medicare or the primary carrier does not apply to the date or type of service, the claims will process following Medicaid rules, as though Medicaid is the primary insurer, and claims from noncontracted providers will deny.

Procedure code lists

Products with uses sometimes unrelated to incontinence, ostomy, or urological conditions will not be affected by this policy change. IHCP members will not be restricted to purchasing the



following supplies only through mail order from one of the two contracted vendors. The following procedure codes are billable by all appropriate providers:

- A4364 (adhesive liquid)
- A4456 (adhesive remover wipes)
- A4402 (lubricant)
- A4450 and A4452 (tape)
- A4455 (adhesive remover)
- A4927 (gloves)
- A5120, A5121, and A5122 (skin barrier)

An updated list of incontinence, ostomy, and urological procedure codes restricted to contracted providers on and after February 1, 2012, as well as a list of procedure codes billable with the U9 modifier, follows on the next page.

[Continue](#)

Procedure codes with coverage restricted to contracted providers on and after February 1, 2012

T4521	T4522	T4523	T4524	T4525
T4526	T4527	T4528	T4529	T4530
T4531	T4532	T4533	T4534	T4535
T4536	T4537	T4539	T4540	T4541
T4542	T4543	A4310	A4311	A4312
A4313	A4314	A4315	A4316	A4320
A4321	A4322	A4326	A4327	A4328
A4331	A4332	A4333	A4334	A4338
A4340	A4344	A4346	A4349	A4351
A4352	A4353	A4354	A4355	A4356
A4357	A4358	A4361	A4362	A4363
A4366	A4367	A4368	A4369	A4371
A4372	A4373	A4375	A4376	A4377
A4378	A4379	A4380	A4381	A4382
A4383	A4384	A4385	A4387	A4388
A4389	A4390	A4391	A4392	A4393
A4394	A4395	A4396	A4397	A4398
A4399	A4400	A4404	A4405	A4406
A4407	A4408	A4409	A4410	A4411
A4412	A4413	A4414	A4415	A4416
A4417	A4418	A4419	A4420	A4422
A4423	A4424	A4425	A4426	A4427
A4428	A4429	A4430	A4431	A4432
A4433	A4434	A4458	A5051	A5052
A5053	A5054	A5055	A5061	A5062
A5063	A5071	A5072	A5073	A5081
A5082	A5093	A5102	A5105	A5112
A5113	A5114	A5126	A5131	

High-end incontinence products, now limited to the Healthcare Common Procedure Coding System (HCPCS) T-codes listed in the following table, require prior authorization (PA) based on medical necessity. Claims for these products must include the U9 modifier to process correctly.

Procedure codes billable with U9 modifier

T4521	T4522	T4523	T4524	T4525
T4526	T4527	T4528	T4529	T4530
T4531	T4532	T4533	T4534	T4536
T4539	T4543			

Nursing assessments required

Members are required to participate in a nursing assessment to determine the appropriate products, brands, and quantities of incontinence products needed. All nursing assessments must be performed by a licensed nurse who is employed by the supplying provider.

Noncontracted providers and other caregivers should encourage members who require incontinence, ostomy, and urological supplies to contact one of the two contracted providers as soon as possible to obtain supplies on or after February 1, 2012.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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