



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**New Hampshire Medicaid Program**

**To:** DME Providers

**From:** New Hampshire Medicaid's Fee-for-Service Program

**Date:** June 3, 2019

**Subject:** Incontinence Products: Elimination of Modifiers and Revised Service Authorization Requirements

Effective July 1, 2019, the NH Medicaid program has eliminated all modifiers used for the incontinence products' T codes. The T-code modifiers identified specific products contained within the Medicaid incontinence product formulary. The Medicaid program terminated its contract for incontinence products so the modifiers are no longer necessary.

The T-Codes chart below indicates if a Service Authorization (SA) is required, gives the price per unit, and the maximum units per month. Child- or youth-sized incontinence products do not need an SA if used for children under 21 years of age. If a child under 21 years of age needs an adult-sized incontinence product, an SA is required. If an adult--over 21 years of age-- needs a youth-sized incontinence product, an SA is required.

Procedure Code	Short Description	Service Auth. Needed?	Price per Unit	Max Units per Month
T4521	Adult size brief/diaper SM	Y	0.48	192/mo.
T4522	Adult size brief/diaper MED	Y	0.45	192/mo.
T4523	Adult size brief/diaper LG	Y	0.52	198/mo.
T4524	Adult size brief/diaper XL	Y	0.61	200/mo.
T4525	adult size pull-on SM	Y	0.57	200/mo.
T4526	adult size pull-on med	Y	0.57	200/mo.
T4527	Adult size pull-on LG	Y	0.59	198/mo.
T4528	Adult size pull-on XL	Y	0.75	196/mo.
T4529	Pediatric diaper, sm/med	N	0.44	216/mo.
T4530	Pediatric diaper, large	N	0.45	200/mo.
T4531	Pediatric pull-on sm/med	N	0.57	200/mo.
T4532	Pediatric pull-on large	N	0.57	200/mo.
T4533	Youth diaper	N	0.45	216/mo.
T4534	Youth size pull-on	N	0.59	216/mo.
T4535	Disposable Liner/shield/pad	Y	0.24	110/mo.
T4537	Reusable underpad, bed size	Y	5.71	6/6mos.
T4539	Reusable diaper, any size	Y	1.28	36/6mos.
T4540	Reusable underpad, chair size	Y	7.35	12/6mos.
T4541	Large disposable underpad	Y	0.24	110/mo.
T4542	Small disposable underpad	Y	0.17	100/mo.
T4543	Adult disposable brief/diaper bariatric	Y	0.94	192/mo.
T4544	Adult disposable pull-on, bariatric	Y	0.56	192/mo.

**Subject:** Incontinence Products: Elimination of Modifiers and Revised Service Authorization Requirements, Effective July 1, 2019

### **Service Authorization Procedures for Incontinence Products**

If required, please complete Service Authorization Request Form 272DIA, which is posted on the MMIS website under *Documents and Forms, Publication Date 10/1/2018*. This form must be completed pursuant to He-W 571.05. It is the provider's responsibility to verify eligibility of the recipient for NH Medicaid's Fee-for-Service (FFS) program. Check eligibility by calling the number on the back of the recipient's Medicaid card, by calling the NH Medicaid Provider Call Center at 866-291-1674, by looking up recipient in the MMIS system, or, if applicable, using the eligibility files sent to your office.

Form 272DIA should be used for both the ordering of incontinence products and for revisions (changes in size, quantity etc.) of current service authorizations. If recipient has other health insurance, NH Medicaid is the payer of last resort.

The last section of the form requires the provider to attest, by signature, that the Face-to-Face documentation is in their possession. The signature should be that of the provider ordering the incontinence products.

Fax the Service Authorization Request Form with the Physician's order (prescription), the Letter of Medical Necessity, and clinical notes supporting the request to NH Medicaid's secure fax line: 603-271-8194. You will receive a fax from the Medical Services Unit with the approval information or a request for more information.

Once approved by NH Medicaid's Medical Services Unit, the Service Authorization is sent to the Fiscal Agent--currently Conduent—to create the authorization. The Fiscal Agent has three business days to create and mail the authorization to the DME provider. Please call the NH Medicaid Provider Call Center at 866-291-1674 with questions about the status of your service authorization.

If you have questions regarding this notice, please contact Jane Hybsch, RN, Administrator, Medicaid Medical Services Unit, at 800-852-3345, ext. 9423, or (603) 271-9423, or by e-mail at [Jane.Hybsch@dhhs.nh.gov](mailto:Jane.Hybsch@dhhs.nh.gov)