

Clinical Policy: Incontinence Supplies

Reference Number: FL.CP.MP.28

Date of Last Revision: 10/25

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Description

This policy outlines medical necessity criteria for incontinence supplies for members of Sunshine Health's Long-Term Care (LTC) product.

Policy/Criteria

- I. It is the policy of Sunshine Health that upon review of the 701B assessment, incontinence products are considered **medically necessary** for the following indications:
 - A. Member must have current incontinence of the bladder and/or bowel;
 - B. Member must have at least one of the following limitations in their Activities of Daily living, requiring supervision or prompt, assistance, or total assistance – with or without a caregiver:
 1. Using the bathroom (examples, toileting, hygiene, cleaning);
 2. Walking/Mobility;
 3. Transferring.
- II. It is the policy of Sunshine Health that pull on briefs are considered **medically necessary** for the following indications:
 - A. Presence of a medical condition causing bowel/bladder incontinence, and one of the following:
 1. The member would not benefit from a blower/bladder program but has the cognitive ability to independently care for his/her toileting needs;
 2. The member is actively participating and demonstrating definitive progress in a bowel/bladder program.
- III. It is the policy of Sunshine Health that brand name supplies are generally **not medically necessary**. Requests for brand name supplies must be accompanied by a prescription and supporting clinical information from the ordering provider.

*Note:

Diapers and pull-up briefs — for the member using both diapers and pull-on briefs, the combined total quantity of these items cannot exceed the benefit limit under the Florida Medicaid Fee Schedule.

Diapers of different sizes — for a beneficiary using a combination of different sized diapers, the total quantity must not exceed the benefit limit under the Florida Medicaid Fee Schedule.

Incontinence wipes — only covered for times when member is away from home. This supply is limited to the benefit limit under the Florida Medicaid Fee Schedule.

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Sunshine Health may approve up to the amount allowed on the Medicaid fee schedule depending on the member's level of incontinence.

Background

Prior authorization is required for diapers, gloves, perineal wipes, emollients, and absorbent products used to manage incontinence in individuals covered by Sunshine Health LTC product. Coverage determinations are based on an assessment of the individual's unique clinical needs as documented in the clinical information submitted by the requesting provider and/or the current 701B assessment completed by the LTC Care Coordinators. The 701B assessment is used to identify the member's level of incontinence, functional status as measured through Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), and level of caregiver support.

Sunshine Health does not require a physician's prescription to review, approve or deny a request for standard incontinence supplies found on the Florida Medicaid Fee Schedule. Sunshine Health covers items for LTC members listed on the fee schedules for Medicaid Recipients "Under the Age of 21 Years" and "All Medicaid Recipients", even when the member is over the age of 21. Diapers, gloves, perineal wipes, emollients, and absorbent products may be considered medically necessary in the management of incontinence associated with a broad range of medical conditions including, but not limited to neurological conditions, congenital anomalies, injuries to the pelvic region, injuries to the spinal cord, fistula, bowel prolapse and infections. Consideration is always given to the unique needs of a given individual.

The clinical reviewer takes into consideration the individual needs of the member, which includes assessment and identification of the individual's specific medical, mobility and psychosocial needs. The assessment includes the frequency in which a member may need an incontinence diaper/brief changed and considers the health and lifestyle of the member wearing them. An independent individual with limited functional deficits may be able to wear an incontinence diaper/brief longer than someone who is frail and bedridden. Most adults with incontinence need to change their diaper between five to eight times a day.

Diapers/briefs should be changed as soon as they become soiled or wet. If a bedbound individual does not wet diapers or briefs often, or has small leakage, consideration may be given to alternating between pads and diapers. The frequency and volume of urinary and bowel incontinence should be identified in order to select the appropriate type and amount of incontinence supplies. The goal is to promote skin integrity. The impact of a brief allowing good air circulation must be considered as this can lead to skin irritation and rashes.

Pull on briefs are appropriate when there is the presence of a medical condition causing bowel/bladder incontinence and the member is able to care for his/her toileting needs independently or with minimal assistance from a caregiver. Factors such as cognitive impairment, dementia and high fall risk are also taken into consideration.

Coding Implications

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CPT® Codes	Description

HCPCS Codes	Description
T4521	Adult sized disposable incontinent prod brief/diaper sm each
T4522	Adult sized disposable incontinent prod brief/diaper med each
T4523	Adult sized disposable incontinent prod brief/diaper lg each
T4524	Adult sized disposable incontinent prod brief/diaper x-lg each
T4525	Adult sized disposable incontinent prod underwear/pullon sm each
T4526	Adult sized disposable incontinent prod underwear/pullon med each
T4527	Adult sized disposable incontinent prod underwear/pullon lg each
T4528	Adult sized disposable incontinent prod underwear/pullon x-lg each
T4529	Ped sized disposable incontinent prod brf/diaper sm/med each
T4530	Ped sized disposable incontinent prod brf/diaper lg sz each
T4531	Ped sized disposable incontinent prod underwear sm/med each
T4532	Ped sized disposable incontinent prod underwear lg each
T4533	Youth sized disposable incontinent product brf/diaper each
T4534	Youth sized disposable incontinent product underwear/pullon each
T4535	Disposable liner/shield/guard/pad/undgrmnt incont each
T4543	Disposable incontinence product, brief/diaper, bariatric each
T4544	Adlt disp und/pull on ABV XL

Reviews, Revisions, and Approvals	Revision Date	Approval Date
New Policy		10/14
Annual review; Updated AHCA contract information; updated reference links and policy names and numbers		07/20
Annual review; no changes		10/21
Annual review; grammatical edits, updated references.		10/22
Annual review; minor grammatical changes.		10/23
Transitioned “Incontinence Criteria” from policy LT.UM.10 and created new policy FL.CP.MP.28 Incontinence Supplies on state specific template; sent to market for approval.	11/23	
Annual review. Minor edits to background with no impact to criteria meaning. HCPCS codes added. References reviewed and updated.	10/25	

References

1. LT.UM.10 DME Orthotics Prosthetics Criteria Policy.
2. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual-Chapter 7: Coverage home health services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>. Published October 1, 2003 (rev. 12382; Issued November 28, 2023. Rev. 12425 issued December 21, 2023) Accessed September 3, 2025.
3. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual-Chapter 16: General exclusions from coverage. Rev. 13011. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf>. Published October 1, 2003 (revised December 20, 2024). Accessed September 3, 2025.
4. Agency for Health Care Administration. Sunshine Health Contract No. FP116, Attachment I. Updated February 1, 2025. Accessed September 3, 2025.
5. Agency for Health Care Administration Statewide Medicaid Managed Care Long-term Care Program Coverage Policy. https://ahca.myflorida.com/content/download/5952/file/59G-4.192_LTC_Program_Policy.pdf. Published March 2017. Accessed September 3, 2025.
6. Agency for Health Care Administration. Health Care Policy and Oversight. Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes: DME and Medical Supply Services Provider Fee Schedule for all Medicaid Recipients; updated 2025. <https://ahca.myflorida.com/content/download/26150/file/2025%20Durable%20Medical%20Equipment%20and%20Medical%20Supplies%20Fee%20Schedule%2004092025.pdf>. Accessed September 3, 2025.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

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This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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