



MEMORANDUM

TO: STAR Providers

FROM: El Paso Health

DATE: 05/30/2023

RE: DME Prior Authorization for Incontinence Supplies

Per TMPPM DME section 2.2.15 Prior Authorization is NOT required for certain DME Incontinence Supply limits. El Paso Health will no longer provide an authorization for the supplies listed in category 1 and 2 as no authorization is required to bill for these supplies. Any prior authorization requests will be closed and the provider notified.

Incontinence-associated dermatitis is classified by **Category 1 or 2 only (NO Prior Auth Required)**
(Members 4 years of age or older and have a medical condition of chronic incontinence)

- For 2 containers of (less than 4 ounces per container) per month and 12 containers of skin sealants, protectants, moisturizers, and ointments per year
- Must use procedure code A6250 with a modifier UA when billing containers

Diapers, Briefs, Pull-Ons, and Liners
Category 3 or 4: (Prior Auth Required)
(Members over 4 years and have a medical condition in chronic incontinence) TMPPM 2.2.15.3

Diapers, Briefs, or Liners: a maximum total combination of 240 per month. A combined total of 240 from the following codes: T4521 T4522 T4523 T4524 T4525 T4526 T4527 T4528 T4529 T4530 T4531 T4532 T4533 T4534 T4535 T4543 T4544

Diaper Wipes *(Members who are over 4 years and are receiving diapers, briefs, or pull-ons)*

- Up to 2 boxes of diaper wipes per month
- Must use procedure code A4335 with modifier U9 when billing diaper wipes

Underpads *(Members who are 4 years of age and older and are receiving diapers/briefs/pull-ons/ urine collection devices/bowel management supplies)*



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- Underpads up to a maximum of 120 underpads p/month
- Must use procedure code A4554 when billing for underpads

To determine whether a prior authorization for DME is required. Providers can also utilize the following resources as reference:

[EPH PA Tool CPT checker](#)

[EPH List of Services Requiring Prior Authorizations](#)

[TMPPM DME](#)

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at ProviderRelationsDG@elpasohealth.com