

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Adult Diapers and Incontinence Liners

January 1, 2008
Updated October 1, 2008

ADULT DIAPERS/INCONTIENCE LINERS

Adult diapers and incontinence liners provide comfortable and effective bladder control protection for both men and women.

ORIGINAL MEDICARE

Adult diapers and incontinence liners are not covered services under Original Medicare for any condition. Although diapers and other incontinence supplies fall under the broader category of Durable Medical Equipment, these specific items are excluded from coverage under Original Medicare's DME benefit.

MEDICARE ADVANTAGE

Coverage for adult diapers and incontinence liners is provided to members under select Medicare Advantage private fee-for-service plans. Since Original Medicare does not cover adult diapers and incontinence liners, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost-sharing are determined by the groups.

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed-provider¹ concept for group specific benefits. The table below specifies conditions for adult diapers and incontinence liners:

Conditions For Payment	
Eligible providers	DME supplier
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable locations	No restrictions
Frequency	No restrictions
CPT/HCPCS codes	A4520, A4554
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Reimbursement

The maximum payment amount for the adult diapers and incontinence liners benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

The provider will be paid the lesser of this allowable amount or the provider's charge, minus the member's cost-share. This represents payment in full and

¹2008 Terms and conditions

providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost-Sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

The cost-sharing chart below identifies members with adult diapers and incontinence liners coverage:

Member Cost-Sharing Responsibilities								
Group Name and Number	Annual Deductible		Coinsurance				Out-of-Pocket Maximum	
			Professional Claim		Institutional Claim			
	2007	2008	2007	2008	2007	2008	2007	2008
State of MI Retirees ² 81820, 81821, 81828	No MA PFFS plan	\$0	No MA PFFS plan	\$0	No MA PFFS plan	SOB ³	No MA PFFS plan	Does not apply
MPSERS ⁴ 59000	\$0	\$0	Does not apply		SOB ⁵		Does not apply	

Billing Instructions

1. Bill services on the CMS 1500 (8/05) claim form consistent with the local Blue Cross Blue Shield plan direction.
2. Use the Medicare Advantage private fee-for-service unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your Medicare Supplier Identification Number and National Provider Identifier.

² State of Michigan Retirees Benefit grid

³ 2008 Summary of benefits

⁴ MPSERS Benefit grid

⁵ 2007 Summary of benefits

5. Send your paper claim to DMEnsions Benefit Management at the following address:

Medicare Advantage
DMEnson Benefit Management, P.O. Box 81700
Rochester, MI 48308-1700