

Adult diapers and incontinence liners

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

Original Medicare

Under Original Medicare, adult diapers and incontinence liners aren't covered for any condition. Although diapers and other incontinence supplies fall under the broader category of durable medical equipment, prosthetics and orthotics medical supplies, these specific items are excluded from coverage under Original Medicare's DME benefit.

BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for adult diapers and incontinence liners is provided to members under select BCN Advantage group plans that include this benefit. Since Original Medicare doesn't cover adult diapers and incontinence liners, the group determines the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost share.

Conditions for payment

The table below specifies payment conditions for adult diapers and incontinence liners.

Conditions for payment	
Eligible provider	DME P/O Medical supplier
Payable location	No restrictions
Frequency	No restrictions
CPT/HCPCS codes	A4520, A4554
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Blue Care Network of Michigan

Reimbursement

To find BCN Advantage plan's maximum payment amount for adult diapers and incontinence liners, visit our provider portal, <u>Availity Essentials</u>. Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-800-344-8525.

Billing instructions for providers

- I. Bill services on the CMS 1500 (02/12) claim form.
- 2. Use the BCN Advantage unique billing requirements.
- 3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
- 4. Report your National Provider Identifier number on all claims.
- 5. Use electronic billing:
 - a. Michigan Providers: Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835Companion Documents) are available on the Blue Cross website under the reference library section at <u>bcbsm.com/providers/help/edi/</u>.
 - b. Providers outside Michigan: Members of BCN Advantage HMO-POS plans have a point-ofservice benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims Blue Care Network P.O. Box 68753 Grand Rapids, MI 49516-8753

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