ADULT DIAPERS/INCONTINENCE 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 PPO

Coverage for adult diapers and incontinence liners is provided to members under select Medicare Advantage PPO 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 member’s group.

Conditions for payment

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

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

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Reimbursement

Medicare Advantage PPO plan’s 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 allowed amount or the provider’s charge, minus the member’s cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.
Member cost-sharing

• Medicare Advantage PPO providers should collect the applicable cost-sharing from the member at the time of the service when possible. Cost-sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. You can only collect the appropriate Medicare Advantage PPO cost-sharing amounts from 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.

For detailed information about a Medicare Advantage PPO member’s benefits and cost-share, review the group plan’s Summary of Benefits. Providers should verify member benefits via web-DENIS or by calling CAREN at 1-866-309-1719.

Billing instructions

1. Bill services on the CMS 1500 (8/05) claim form.

2. Use the Medicare Advantage PPO 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. Send your paper claim to the following address:
   Blue Cross Blue Shield of Michigan
   Imaging and Support Services
   P.O. Box 32593
   Detroit, MI 48232-0593