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

Adult diapers and incontinence liners under Original Medicare are not covered for any condition. Although diapers and other incontinence supplies fall under the broader category of Durable Medical Equipment (DME), Prosthetics and Orthotics (P/O) Medical Supplies, these specific items are excluded from coverage under Original Medicare’s DME benefit.

Medicare Plus Blue Group PPO Enhanced Benefit

Medicare Plus Blue 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 Medicare Plus Blue Group 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 the groups that select this benefit.

Conditions for payment

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

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<th>Conditions for payment</th>
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<td>Eligible provider</td>
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<td>CPT/HCPCS codes</td>
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<td>Diagnosis restrictions</td>
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<td>Age restrictions</td>
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Reimbursement

Medicare Plus Blue Group PPO plan’s maximum payment amount for adult diapers and incontinence liners is available on our provider website, [bcbsm.com/providers/help/faqs/medicare-advantage/provider-toolkit/enhanced-benefits.html](bcbsm.com/providers/help/faqs/medicare-advantage/provider-toolkit/enhanced-benefits.html) in the MA enhanced 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 Plus Blue Group 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. Providers can only collect the appropriate Medicare Plus Blue Group PPO cost sharing amounts from the member.

- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.

To verify benefits and cost share, providers may utilize web-DENIS or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) 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. Use electronic billing:
   b. Providers outside of Michigan should contact their local BCBS plan.
6. Send your electronic and/or paper claims to your local BCBS plan.
7. Send paper claims to the following address:
   
   Blue Cross Blue Shield of Michigan
   Imaging and Support Services
   P.O. Box 32593
   Detroit, MI 48232-0593

Revision History

Policy Number: MAPPO 1001
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07/27/15: Updated formatting, conditions for payment, billing instructions and reference links; removed reference to CAREN, added revision history section.