

Adult diapers and incontinence liners

Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus Blue PPOSM Medicare Plus Blue Group PPOSM Both

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.

Medicare Plus BlueSM Group PPO enhanced benefit

Medicare Plus BlueSM PPO 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 doesn't cover adult diapers and incontinence liners, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost share are determined by the groups that select this benefit.

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 State Health Plan MA Only: Frequency Limits A4520 – 200 per month A4554 – Unlimited
CPT/HCPCS codes	A4520, A4554
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Blue Cross Blue Shield of Michigan

bcbsm.com/provider/ma

Reimbursement

Medicare Plus Blue Group PPO plan's maximum payment amount for adult diapers and incontinence liners is available on our provider website, www.bcbsm.com/providers/help/faqs/medicare-advantage/provider-toolkit/enhanced-benefits.html in Medicare Advantage's 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 aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- Medicare Plus Blue Group PPO 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 Medicare Plus Blue Group PPO 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 Cross 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 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:
 - 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 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at <http://www.bcbsm.com/providers/help/faqs/electronic-connectivity-edi.html>.
 - b. Providers outside Michigan should contact their local Blue Cross plan.
6. Send your electronic and paper claims to your local Blue Cross plan.
7. Send paper claims to:

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Revision history

Policy number: MAPPO 1001

Reviewed: 11/20/2020, 11/5/2019, 07/18/2019, 07/17/2018, 03/18/2016

Revised: 07/27/2015, 04/2013

11/05/2019: Updated paper to reflect frequency limits for State Health Plan MA: A4520 – 200 per month, A4554 – Unlimited

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