

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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July 25, 2019

ATTENTION: Medicaid Providers
FROM: South Dakota Medicaid and Department of Human Services
RE: Incontinence Supplies

Effective July 1, 2019 all incontinence supplies including those through Home and Community Based Services (HCBS) Waiver will be routed through the Medicaid State Plan as part of the Durable Medical Equipment and Supplies benefit. Provider and recipients must follow the rules outlined in [ARSD 67:16:29](#) for obtaining Durable Medical Equipment and Supplies when supplying or obtaining incontinence supplies.

Eligible Individuals

Individuals must have a medical condition that involves loss of bladder or bowel control and be at least 3 years of age to receive incontinence supplies. Individuals residing in a nursing facility, intermediate care facility or hospital are not eligible for incontinence supplies as supplies are considered included in the institutional cost of care. All supplies must meet South Dakota Medicaid's medical necessity guidelines as described in [ARSD 67:16:01:06:02](#).

Service Limits

Payments for incontinence supplies will be limited to \$1,345 per recipient per plan year (July 1 to June 30) unless otherwise specified by the Department of Human Services. Recipients may exceed this limit with authorization from South Dakota Medicaid or the recipient's HCBS waiver. If the recipient is enrolled in a HCBS waiver operated by the Department of Human Services, authorization to exceed the limit must be obtained from the Department of Human Services. Enrollment in an HCBS waiver may be verified using the [South Dakota Medicaid Online Portal](#).

HCPC Codes

Effective July 1, 2019, South Dakota Medicaid will utilize HCPCs T4521 through T4545 for billing incontinence supplies. Providers are expected to bill per piece for a 30 day supply and follow recognized coding guidelines for billing incontinence supplies. Gloves must be billed using HCPC A4927. Wipes must be billed using HCPC A4335. Providers may not use any other codes to bill for incontinence supplies after July 1, 2019. Billing for incontinence supplies under other HCPC codes may be considered fraudulent or abuse of the program.

HCPC	Description
T4521	Adult Diaper/Brief Small
T4522	Adult Diaper/Brief Medium

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre SD 57501, 605-773-3305.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).

T4523	Adult Diaper/Brief Large
T4524	Adult Diaper/Brief XL
T4525	Adult Underwear/Pull-On Small
T4526	Adult Underwear/Pull-On Medium
T4527	Adult Underwear/Pull-On Large
T4528	Adult Underwear/Pull-On XL
T4529	Pediatric Diaper/Brief Small
T4530	Pediatric Diaper/Brief Large
T4531	Pediatric Underwear/Pull-On Small
T4532	Pediatric Underwear/Pull-On Large
T4533	Youth Diaper/Brief
T4534	Youth Underwear/Pull-On
T4535	Disposable liner/shield/pad
T4537	Reusable underpad bed size
T4539	Reusable diaper/brief any size
T4540	Reusable underpad chair size
T4541	Large disposable underpad
T4542	Small disposable underpad
T4543	Adult Diaper/Brief Above XL
T4544	Adult Underwear/Pull-On Above XL
T4545	Penile Wrap

Reimbursement

HCPCs T4521 through T4545 will be reimbursed according to South Dakota Medicaid's fee schedule rate or at 90% of billed charges if there is no established fee. Providers must bill no more than the provider's usual and customary charge. The usual and customary charge is defined in [ARSD 67:16:01:01](#) as the individual provider's normal charge to the general public for a specific service on the day the service was provided within the range of charges made by similar providers for such services and consistent with the prevailing market rates in the geographic area for comparable services. Billing above the usual and customary charge may be considered fraudulent or abuse of the program.

Physician Order and Certificate of Medical Necessity (CMN)

Incontinence supplies must be ordered by a physician or other licensed practitioner. Documentation substantiating the recipient's condition and the diagnosis requiring incontinence supplies must be on file with the provider. The ordering provider must also sign and date a certificate of medical necessity (CMN) that meets the requirements of [ARSD 67:16:29:04.02](#)

Provider Qualifications and Taxonomy Code

Providers supplying incontinence supplies must be a Medicare recognized durable medical equipment supplier and be enrolled as a durable medical equipment provider with South Dakota Medicaid. Providers must bill using taxonomy code 332B00000X. Prior to billing, providers should login to [SDMEDX](#) to ensure this taxonomy code is listed as active and ongoing under the specialization step of their enrollment record. If changes are made, be sure to submit them for State review and approval. For questions regarding provider enrollment, providers should contact the Provider Enrollment Team via email at SDMEDXgeneral@state.sd.us or 866-718-0084.

QUICK ANSWERS

LIMITS AND DISPENSING

- **Are recipients restricted to certain brands of products?**
 - No. Recipients may receive any brand of products they choose from an enrolled Medicaid provider. Recipients should be mindful of the associated limits and budget accordingly.
- **What quantities should providers dispense?**
 - Providers should dispense no more than one month of products at a time.
- **Can products be auto-filled?**
 - No. Like other DME supplies, recipients or their designee must make a request for more supplies.
- **Is there is a copay for incontinence supplies?**
 - Yes, like other DME supplies, incontinence supplies have a cost share (copay) of 5% of the Medicaid allowable for individuals that have a cost share. Providers can see if an individual has a cost share by utilizing the Medicaid Online Portal. More information about cost sharing is available here:
<https://dss.sd.gov/medicaid/recipients/costsharing.aspx>
- **Who is exempt from a copay?**
 - Individuals exempt from cost sharing include:
 - Children under age 21;
 - Individuals receiving hospice care;
 - Individuals residing in a long-term care facility or receiving home and community-based services;
 - American Indians who have ever received an item or service furnished by an Indian Health Services (IHS) provider or through referral under contract health services; and
 - Individuals eligible for Medicaid through the Breast and Cervical Cancer program.

Providers can see if an individual has a cost share by utilizing the Medicaid Online Portal. More information about cost sharing is available here:
<https://dss.sd.gov/medicaid/recipients/costsharing.aspx>
- **Can recipients receive gloves when care occurs in a group or residential setting? Are gloves for providers covered under the recipient's Medicaid number?**
 - No. Products to practice infection control and ensure health and safety as it relates to universal precautions is the responsibility of the provider. Gloves are not covered for provider use in Assisted Living, Group Home, Supervised Apartment, and Day settings.

Gloves are not covered for use by a home health, private duty nursing, or personal care agency.

- **Are gloves covered for use by a primary caregiver?**
 - Yes, gloves are covered for use by a primary caregiver (ex. Spouse, Parent, Child, Personal Care Attendant).
- **Can providers charge recipients separately for delivery?**
 - No. Delivery is considered included in the cost of supplies per 67:16:29:07.
- **Can recipients get any combination of products listed as long as it follows the prescription and is under the \$1,345 limit?**
 - Yes. Please note that South Dakota Medicaid will review submitted claims for suspected fraud, waste or abuse.
- **Is there a monthly dollar limit for incontinence supplies?**
 - No. The limit is an annual limit. Recipient should be mindful of the annual limit and budget accordingly.
- **Should providers dispense any quantity of the HCPCs listed that are prescribed as long the total dollars are available?**
 - Providers should dispense incontinence supply products in monthly quantities.
- **Are gloves (A4927) and wipes (A4335) included in the \$1,345 limit? If not, how much, dollars and/or quantities are covered?**
 - Gloves (A4927) are not included in the \$1,345 limit and do not currently have a quantity limit. Wipes (A4335) are included in the \$1,345 limit.
- **A case manager told us that the change did not apply to the Statewide Family Support program. Is this true?**
 - The change applies to all Medicaid eligible individuals. Providers may verify Medicaid eligibility by utilizing the Eligibility Inquiry on the Medicaid Online Portal.
- **Is there coverage for recipients under 3 still available under HCBS Waiver?**
 - No, coverage for incontinence supplies will begin at 3 years of age for all Medicaid recipients.
- **Family Support recipients have been told that their limit is \$2,250 not \$1,345 as stated in Medicaid's guidance. Which total dollar amount is correct?**
 - The Family Support waiver has automatically authorized all Family Support participants for \$2,250 of incontinence supplies due to the historic need of these individuals. A provider can determine if a recipient is on the Family Support waiver by utilizing the Eligibility Inquiry on the Medicaid Online Portal.

- **Will providers have a way to check how much a recipient has used of their spending limit?**
 - South Dakota Medicaid is working on adding this information to the Medicaid Online Portal and anticipates it will be available to providers in late 2019 or early 2020. Providers are encouraged to track their billing to South Dakota Medicaid. Recipients are encouraged to utilize a single provider for supplies or to track their spending if they are utilizing multiple providers.
- **How will a supplier know when to apply for prior authorization for overage quantities?**
 - A prior authorization from either DSS or the individual's HCBS waiver will be required to exceed the \$1,345 maximum. Additional information about this process from each HCBS waiver and DSS will be sent to providers in Fall 2019.
- **Can a supplier decide to not supply incontinence supplies to Medicaid recipients but still provide incontinence supplies to other customers?**
 - This practice would be considered discriminatory. Providers must treat Medicaid recipients the same as the general public and are not allowed to discriminate on the basis of pay source as outlined in the South Dakota Medicaid provider agreement.

PRESCRIPTION AND CERTIFICATE OF MEDICAL NECESSITY (CMN)

- **Do the recipients need to have a prescription as of July 1 and does their current authorization end July 1?**
 - Yes, recipients should have a prescription for any supplies obtained after June 30, 2019. After July 1, 2019 incontinence supplies may no longer be billed to the HCBS waiver.
- **Should the prescriber note an amount of supplies on the prescription or CMN?**
 - Yes, the prescriber should note a quantity or amount of supplies on the prescription for a 30 day supply and that information should also be noted on the CMN form. Information in the recipient's medical record should support the amount prescribed. If the prescriber is unsure of the amount to prescribe, the prescriber should write orders for a shorter duration of time and adjust the amount based on medical need.
- **Does the patient have to have a face-to-face visit at time of order?**
 - No, a face-to-face visit is not required for the prescription.
- **Will suppliers be required to get and retain the notes in file?**
 - Suppliers should retain a copy of the prescription and the CMN form in their records. These documents do not need to be submitted with the claim.
- **The term "temporary need" is confusing: please clarify.**
 - The letter has been updated to remove the word "temporary."
- **How often will the CMN need to be renewed? 6 months or 1 Year?**
 - CMNs should be renewed every year or as the recipient's needs change.

- **Does the CMN have to be changed if the patient changes supplies?**
 - CMNs should be updated if the recipient's needs change and result in a change to the amount or scope of supplies. A change to a different brand or size does not require a new CMN.

- **For normal quantities, are just a prescription and SD CMN required for documentation?**
 - Yes.

- **Who populates the "Purchase Price" on the SD CMN? What amount goes in that field since the dollar amount of supplies that will be used is unknown at the time a CMN is obtained?**
 - The provider should estimate the amount of supplies and associated dollar amount to be used by the recipient each month. The physician or the DME provider may populate the purchase price.

- **What goes in the "Manufacturer" and "Equipment Serial #" field on the SD CMN for incontinence supplies?**
 - Providers may put N/A as this information does not apply to incontinence supplies.

- **Are nurse practitioners and physician assistants able to sign the RX and SD CMN?**
 - Yes.

- **Does SD Medicaid have a way to verify that the prescribing physician is enrolled in SD Medicaid?**
 - Most providers are enrolled in South Dakota Medicaid. The prescribing provider will be verified against South Dakota Medicaid's streamlined enrollment file.

CLAIM SUBMISSION

- **Will providers have to bill the Medicare first for the denial if Medicare is primary and Medicaid is second? Is this the same for other third party payers that are primary and Medicaid secondary?**
 - Since Medicare does not cover incontinence supplies, providers will not have to bill Medicare prior to billing South Dakota Medicaid for supplies. Providers must bill other third party primary health insurance as applicable.

- **Will providers have to send documentation in with each paper claim like they are currently doing for waiver?**
 - No, documentation will not be required for every claim. Documentation must be available upon request by South Dakota Medicaid. Providers are encouraged to submit electronic claims when possible.

- **Will the items be billed on a per item basis? Example: 1 brief vs 1 bag**

- All items should be billed according to standard coding guidelines on a per piece basis. I.E. A package of 20 briefs should be billed as 20 units.

DIAGNOSIS CODES

- **Are there specific ICD-10 codes that are required to be used for claim submission?**
 - The listed code should be for incontinence or for the condition causing incontinence.
- **Is there a list of approved diagnosis codes?**
 - No. Providers should use the most specific code available.
- **Is there anything that won't be accepted?**
 - Providers should use a diagnosis code that corresponds to the reason the recipient requires diagnosis codes.
- **Can providers continue to use the "generic code" (R6889) that was previously identified?**
 - Providers should always use the most specific code available that relates to the recipient's need for incontinence supplies. R6889 is not specific to incontinence supplies.
- **Does the diagnosis code on the claim have to match the diagnosis on the CMN?**
 - Yes. The code must correlate to the diagnosis code on the claim form.