



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

New Hampshire Medicaid Program

To: Durable Medical Equipment/Incontinence Product Providers

From: NH Medicaid’s Fee-for-Service Program

Date: October 27th, 2020

Subject: T Code Modifiers for Pediatric and Youth Incontinence Products

NH Medicaid’s Fee-for-Service program is addressing the issue of claims denial for pediatric and youth incontinence products in excess of the allowable limits. The Fee-for-Service program will use a U1 modifier for all youth and pediatric products (CPT Codes T4529-T4534) in excess of the allowable limits. Beginning with all dates of service from 07/01/2019, providers should use the U1 modifier.

The T codes in use are as follows:

Procedure Code	Short Description	Service Auth Needed?	Pricing Amount	Max Unit Amount
T4521	Adult size brief/diaper SM	Y	\$0.48	192/mo.
T4522	Adult size brief/diaper MED	Y	\$0.45	192/mo.
T4523	Adult size brief/diaper LG	Y	\$0.52	198/mo.
T4524	Adult size brief/diaper XL	Y	\$0.61	200/mo.
T4525	Adult size pull-on SM	Y	\$0.57	200/mo.
T4526	Adult size pull-on MED	Y	\$0.57	200/mo.
T4527	Adult size pull-on LG	Y	\$0.59	198/mo.
T4528	Adult size pull-on XL	Y	\$0.75	196/mo.
T4529	Pediatric diaper, SM/MED	N	\$0.44	216/mo.
T4529 U1	Pediatric diaper, SM/MED, in excess of allowable	Y	\$0.44	Per SA
T4530	Pediatric diaper, LG	N	\$0.45	200/mo.
T4530 U1	Pediatric diaper, LG in excess of allowable	Y	\$0.45	Per SA
T4531	Pediatric pull on SM/MED	N	\$0.57	200/mo.
T4531 U1	Pediatric pull on SM/MED, in excess of allowable	Y	\$0.57	Per SA
T4532	Pediatric pull on LG	N	\$0.57	200/mo.
T4532 U1	Pediatric pull on LG, in excess of allowable	Y	\$0.57	Per SA
T4533	Youth diaper	N	\$0.45	216/mo.

T4533 U1	Youth diaper, in excess of allowable	Y	\$0.45	Per SA
T4534	Youth size pull-on	N	\$0.59	216/mo.
T4534 U1	Youth size pull-on, in excess of allowable	Y	\$0.59	Per SA
T4535	Disposable liner/shield/pad	Y	\$0.24	110/mo.
T4537	Reusable underpaid, bed size	Y	\$5.71	6/6mos
T4539	Reusable diaper, any size	Y	\$1.28	36/6mos
T4540	Reusable underpaid, chair size	Y	\$7.35	12/6mos
T4541	Large disposable underpad	Y	\$0.24	110/mo.
T4542	Small disposable underpad	Y	\$0.17	100/mo.
T4543	Adult disp brief/diap bariatric	Y	\$0.94	192/mo.
T4544	Adult disp pull on, bariatric	Y	\$0.56	192/mo.

These excess products will need a Service Authorization (SA). To request additional units, Incontinence Product Providers must complete a *Request for Service Authorization Form 272DIA FFS*, which is on the MMIS website, <https://nhmmis.nh.gov>, under *Documentation, Documents and Forms, Service Authorization for Fee-for-Service*.

Requests for excess products will be approved based on medical necessity. Attach the Physicians order, the Letter of Medical Necessity, and office notes from the member's PCP signed and dated within the last year. Fax all documentation and the SA form to 603-271-8194. You will receive a fax from the State with the approval information or a request for more information.

Denied claims with dates of service on or after 07/01/2019 for products in excess of limits, will be paid after the provider submits a *Request for Service Authorization Form 272DIA FFS* with the proper documentation. Once the service authorization has been obtained the claim can be resubmitted.

If you have questions about incontinence products, please contact Medicaid Fee-for-Service Provider Services at 866-291-1674.

If you have questions regarding this notice, please contact Jane Hybsch, RN, Administrator, Medicaid Medical Services Unit, at 800-852-3345, ext. 9423, or (603) 271-9423, or by e-mail at Jane.Hybsch@dhhs.nh.gov.