

Frequently Asked Questions for the *DISPOSABLE INCONTINENCE MEDICAL SUPPLIES FEE SCHEDULES.*

Q. What is the billing hierarchy for these rules?

A. Funding sources must be accessed in this order:

1. Third Party Payer
2. Medicare
3. Medicaid State Plan programs
4. Waiver

It is the responsibility of the waiver services provider, with the assistance of the waiver case manager, to determine whether the same type of service offered through the waiver is also available through other funding sources. No service may be provided under a waiver if it is already provided by another Medicaid program unless the type or the amount of service necessary would not be covered under the other Medicaid program.

Q. Which waivers are impacted by these rules?

A. Aged and Disabled Adult Waiver
Assisted Living Waiver
Familial Dysautonomia Waiver
Project AIDS Care Waiver
Traumatic Brain and Spinal Cord Injury Waiver
Developmental Disabilities Waiver [Effective July 1, 2013]

Q. In the past, wipes, baby powder, and other disposable incontinent medical supplies were billed under S1599. What code can they be billed under now?

A. These items can still be billed under S1599. The S1599 code can be used to bill consumable medical supplies that are not otherwise coded in the waiver fee schedule or available under the state plan. Approval of items requested under S5199 is at the waiver's discretion.

Q. The quality standards impose minimum quality standards for various incontinence products. What standards should be applied for beneficiaries who require higher quality standards?

A. Providers must supply products that meet the medical needs of the beneficiary. If a beneficiary requires a higher quality product than the minimum quality standards, the provider must supply the beneficiary with a product that meets the beneficiary's needs.

Incontinence Rule FAQ continued...

- Q. On the Waiver Disposable Incontinence Medical Supplies Procedure Codes and Fee Schedule certain items must be billed under state plan. After the Medicaid State Plan limits are exhausted, can the waiver programs be billed?
- A. Once the Medicaid State Plan limits are exhausted, waiver programs can be billed up to the waiver fee schedule limit. State Plan does allow limits to be exceeded, if medically necessary, for recipients under the age of 21.
- Q. There is a 200 per month limit on codes T4521-T4535 and T4543. Are disposable underpads, A4554, included in the 200 per month limit for T4521-T4535 and T4543?
- A. Disposable underpads, A4554, are not included in the 200 per month limit for codes T4521-T4535 and T4543. Beneficiaries can receive up to 150 disposable underpads per month from waiver program funding in addition to any funding they may qualify for under state plan.
- Q. There is a 200 per month limit on codes T4521-T4535 and T4543. Does that mean 200 per month can be billed for each item?
- A. The 200 per month limit on codes T4521 – T4535 and T4543 is a combination of any of the codes listed. The sum of the items billed for these codes cannot exceed 200. Please see the following example:

Within the Limit

75 units of T4521
+125 units of T4522
Total of 200 units

Over the Limit

175 units of T4521
+125 units of T4522
Total of 300 units

- Q. What is the implementation timeline and will it be coordinated with the different agencies overseeing each waiver? Will it be done in conjunction with the beginning of the next fiscal year, which is when changes are allowed in the programs currently?
- A. The Agency for Health Care Administration (AHCA) will take every effort to implement the rule in conjunction with the beginning of the waiver's fiscal year plan of care scheduling, with the exception of the Developmental Disabilities waivers.

The Developmental Disabilities Waiver Disposable Incontinence Medical Supplies Fee Schedule and Minimum Quality Standards will have an effective date of July 1, 2013.

Incontinence Rule FAQ continued...

- Q. Who will be directing the education of patients regarding the changes? Who will be in charge of the education of case managers regarding the changes in the program?
- A. AHCA will assist our sister waiver agencies as they will be in charge of the education of case managers (i.e., support coordinators) regarding the changes in the program.
- Q. Who will be responsible for product quality enforcement? What specific policies and patient protections will AHCA be implementing along with this fee schedule?
- A. AHCA has set minimum quality standards as outlined in the Durable Medical Equipment (DME) handbook and in these proposed rules. Providers should work with their suppliers/manufacturers to ensure the products they supply will comply with those standards. Local support coordinators will work with the provider to ensure the best quality product will meet the recipient's needs.
- Q. There is no 2XL size category or procedure code. The 2XL size shows up on the quality standards but not on the fee schedules, will this product be added to the fee schedules at a later date?
- A. At this time, there isn't a code that is in existence. Since an 2XL code does not exist, AHCA considers 2XL and bariatric as the same. The quality standards does offer the size range for what is considered 2XL and beyond. As the industry standards and coding changes, AHCA will edit its fee schedules accordingly.
- Q. Who will direct patient education?
- A. The support coordinators will educate their clients. Education and patient training is also the provider's responsibility to make sure the products are properly used.