

**PROVIDER BULLETIN NO. 10-45**

September 7, 2010

TO: Medicaid DME Providers

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid & Long-Term Care

BY: Mike Laughlin, DME Program Specialist

RE: **DME FEE SCHED. INCONTINENCE PRODUCT CHANGES EFF. OCT. 1, 2010**

**Please share this information with management, sales, dispensing and billing staff**

Medicaid will post updates/clarifications to the July 2010 DME Fee Schedule as needed throughout the year reflecting CMS code changes, pricing or unit changes, corrections, clarifications, etc. The fee schedule that is in effect is posted on the DHHS website. Providers are responsible for checking the latest provider bulletins and fee schedules before dispensing items or submitting claims. Sign up to automatically receive provider information by clicking on "Subscribe to this page" at: <http://www.dhhs.ne.gov/med/provhome.htm>

**CHANGES/CLARIFICATIONS HIGHLIGHTS**

Effective October 1, 2010, the following maximum units are established:

HCPCS Codes T4541 – 42, disposable underpads, are not to exceed a maximum of 150 per month (any 30-day period.) If more than 150 underpads per month are needed for medical necessity, a physician's order detailing the need above the maximum is required. Attach physician's detailed order to claim.

T4521 – 34 and T4543, wearable-type, disposable incontinence products are not to exceed a combined total of 186 per month. If more than 186 wearable-type, disposable incontinence products are needed for medical necessity, a physician's order detailing the need above the combined maximum is required. Attach physician's detailed order to claim.

T4535, disposable liner/shield/booster pads are not to exceed 50 per month. If more than 50 disposable liner/shield/booster pads are needed for medical necessity, a physician's order detailing the need above the maximum is required. Attach physician's detailed order to claim.

**For questions about this provider bulletin please email:**

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