



April 27, 2020

Re: Updated: Prior Authorization Update for Diapers Effective November 1, 2019

Dear Providers,

Effective 11/1/2019, the following procedure codes will not require prior authorization when billed at ≤ 240 per/month for Members four (4) years or older (*this is the Texas Medicaid maximum limit/month*).

NOTE: Incontinent supplies (diapers/pad/gloves) are NOT a benefit of Texas Medicaid until four (4) years of age UNLESS the child has a diagnosis that results in excessive urine and/or stool output beyond that of normal peers of the same age. Examples: diabetes insipidus, diuretic medication use, dumping syndrome, chronic diarrhea, etc.

T4521	T4522	T4523	T4524	T4525	T4526
T4527	T4528	T4259	T4530	T4531	T4532
T4533	T4534	T4535	T4544		

The claim must be submitted with one or more of the following diagnosis code(s) to avoid the requirement for prior authorization:

R15.9	Fecal Incontinence
R32	Urinary incontinence unspecified
R39.81	Functional urinary incontinence
N39.4	Other specified urinary incontinence
N39.41	Urge Incontinence
N39.42	Incontinence without sensory awareness
N39.44	Nocturnal Enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.49	Other specified urinary incontinence
N39.490	Overflow incontinence
N39.492	Postural incontinence
N39.498	Other specified urinary incontinence

For claims that are not submitted with the above diagnosis or exceed 240/month, or for children under four (4) years old, authorization is required. Lack of bladder or bowel control is considered normal development for Members who are four (4) years

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RevMay 20

of age or younger. Out of Network Providers must always submit for prior authorization.

Questions regarding this update may be addressed by contacting CCHPPriorAuthorizations@cookchildrens.org. For general health plan questions Providers may contact Provider Support Services at 888-243-3312.

Sincerely,

Cook Children's Health Plan