Mass General Brigham
Health Plan

Medical Policy
Absorbent Products for Incontinence

Policy Number: 02

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	OneCare	Senior Care Options (SCO)
Authorization required					
Notification within 24 hours of service or next business day					
No notification or authorization		X		X	X
Not covered	X		X		

Overview

Mass General Brigham Health Plan covers absorbent products for incontinence for Mass General Brigham ACO members when medically necessary according to **MassHealth** Guidelines for Medical Necessity Determination for Absorbent Products. Although prior authorization is not required for these products, quantity limits apply as described in the MassHealth Prescription and Medical Necessity Review Form for Absorbent Products.

OneCare and SCO Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its OneCare and Senior Care Options (SCO) plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

Authorized Codes	Code Description
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A4554	Disposable underpads, all sizes
T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large, each

T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4537	Incontinence product, protective underpad, reusable, bed size, each
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4540	Incontinence product, protective underpad, reusable, chair size, each
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small size, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each

T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each
T4545	Incontinence product, disposable, penile wrap, each

Effective
January 2026: Ad hoc update. Updated prior authorization table and added variation for OneCare and SCO members. References updated.
May 2025: Annual update. Updated branding and fixed typos. Criteria and codes unchanged.
October 2024: Ad hoc update. Referred to MassHealth medical necessity criteria.
May 2024: Annual update.
May 2023: Annual update. Added Medicare Advantage to table 1. References updated.
May 2022: Annual update.
September 2021: Annual update.
October 2020: Annual update. Added fecal incontinence as covered criteria. Removed Fecal incontinence exclusion. References updated.
September 2019: Annual update.
March 2018: Annual update. Codes added.
April 2017: Annual update.
April 2016: Annual update.
April 2015: Annual update
March 2014: Annual update.
May 2013: Correction.
March 2013: Annual update.
March 2012: Annual update.
March 2011: Annual update.
March 2010: Annual update.
March 2009: Annual update.
March 2008: Annual update.
March 2007: Annual update.
March 2006: Annual update.
March 2005: Policy Effective.

References:
130 CMR 409.000: Durable Medical Equipment Services https://www.mass.gov/regulations/130-CMR-409000-durable-medical-equipment-services

130 CMR 450.000: Administrative and Billing Regulations https://www.mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations

Commonwealth of Massachusetts. MassHealth Guidelines for Medical Necessity Determination for Absorbent Products https://www.mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-absorbent-products

Commonwealth of Massachusetts. MassHealth DME & Oxygen Payment and Coverage Guideline Tool. https://www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools

EOHHS ACPP Contract