NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

Revised: Update Regarding Incontinence Products (Diapers/Liners/Underpads) Quantity Allowance, Coverage Criteria/Guidelines, and System Edits

Effective July 1, 2026, for New York State (NYS) Medicaid Fee-for-Service (FFS), and October 1, 2026, for Managed Long Term Care (MLTC) Plans, criteria and general guidelines for incontinence products have been revised. The previously published ordering tool has been removed and quantities simplified. Providers must continue to submit appropriate diagnosis codes for payment.

The changes will be implemented with new prior authorizations and prior approval requests for incontinence products initiated on or after July 1, 2026, for NYS Medicaid Fee-for-Service (FFS) members, and October 1, 2026 for Managed Long Term Care (MLTC) Plans.

Updated Quantity

Code	Description	Old Quantity	New Quantity
A4554	**#Disposable underpads, all sizes,** (e.g., Chux's), each	**300**	**150**

Reusable vs Disposable Products

Reusable and disposable items of the same type will no longer be allowed within a 30-day period. System claims edits have been implemented and claims for reusable and disposable items of the same type in a 30-day period will be denied.

Revised Coverage Guidelines

Incontinence Products (Diapers/Liners/Underpads) codes affected by the new criteria and guidelines:

A4554	**#Disposable underpads, all sizes,** (e.g., Chux's), each
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**
T4529	**#Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each**
T4530	**#Pediatric sized disposable incontinence product, brief/diaper, large size, each**
T4533	**#Youth sized disposable incontinence product, brief/diaper, each**
T4535	**#Disposable liner/shield/guard/pad/undergarment, for incontinence, 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**
T4543	**#Adult sized disposable incontinence product, protective brief/diaper, above extra-large, each**

Coverage Criteria:

- Diapers, liners, and underpads are covered for the treatment of urinary and/or fecal incontinence when the medical need is documented by the ordering practitioner and maintained in the member's medical record.
- Documentation from the ordering practitioner must include medical necessity for the overall quantity of supplies needed to meet bladder and bowel management for the member.
- All adult and youth sized incontinence products must meet the minimum product specifications established by the NYS Department of Health (DOH). Providers dispensing incontinence products must verify product specifications through independent testing result documentation. Documentation must be maintained by the DMEPOS provider and available for review upon request from the Department.
    - Documentation from an independent laboratory must show that the incontinence products dispensed meet the following minimum standards:
        - No plastic (non-breathable) backed products;
        - Rewet rate of <2.0g;
        - Rate of Acquisition (ROA) of <60 seconds;
        - Retention capacity of >250 g;
        - Presence of breathable zones with a minimum value of >100 cubic feet per minute (cfm);
        - Presence of a closure system which allows for multiple fastening and unfastening occurrences. (Applicable for products that have closures).

General Guidelines:

- Diapers, liners, and underpads will not be covered for children under the age of three as they are needed as part of the developmental process. Lack of bladder or bowel control is considered normal development for members who are three years of age or younger.
- Medical records must support the appropriateness for the types and quantities of services requested including the medical reason and condition causing the incontinence.
- Fiscal orders for incontinence products must include a specific diagnosis code. Claims for incontinence products without an appropriate diagnosis will be denied. The diagnosis code listed on the fiscal order must be supported by clinical documentation in the member's medical record, which must be available for review upon request from the Department.
- Incontinence supplies billed for a one-month period must be based on the frequency or quantity ordered by the ordering practitioner. The quantity provided must be appropriate and justified by the medical needs of the member.

- The dispenser must maintain documentation of measurements (e.g., waist/hip size, weight) which supports reimbursement for the specific type and size of product dispensed.
- Disposable liners for incontinence are not menstrual pads. Personal hygiene products, such as menstrual pads, are not covered.

Quantity Limits:

- Up to 250 disposable diapers **and/or** liners are allowed per 30 days, providing for up to eight changes per day. Claims for any combination of diapers and/or liners over 250 per 30 days will be denied.
- Reusable and disposable items of the same type are not allowed to be purchased within a 30-day period.
- Up to 250 disposable diapers **or** a maximum of five reusable diapers are allowed per 30 days. Claims for any combination of reusable or disposable diapers within a 30-day period will be denied.
- Up to 150 disposable underpads **or** a maximum of two reusable underpads for beds and two for chairs (a total of four) are permitted every 30 days. Claims for any combination of reusable or disposable underpads within a 30-day period will be denied.
- Requests for quantities in excess of the above limits may be reviewed on a case-by-case basis through prior approval with supporting clinical documentation of a medical condition resulting in increased urine or stool output.

Questions related to NYS Medicaid Fee-for-service (FFS) coverage guidelines should be directed to the Bureau of Medical Review at 1-800-342-3005 or OHIPMedPA@health.ny.gov.

MLTC billing questions should be directed to the MLTC Plan of the enrollee. MLTC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers - Managed Care Information* document.