THE HSC HEALTH CARE SYSTEM
Health Services for Children with Special Needs, Inc.

November 7, 2025

Re: HSCSN Provider Notification Update: Prior Authorizations for Incontinence Supplies

Dear Valued DME Provider,

We are updating the list of codes used to bill for incontinence supplies that **do not** require prior authorization.

HSCSN have added three (3) new T-codes to the no prior authorization requirement list and highlighted below.

Key Points for DME providers:

- Prior authorizations will not be required for non-branded diapers and disposable briefs; disposable under pads (chux); liners; and wipes (incontinence supplies).
- Quantity limits will apply. For example, any combination of diapers cannot exceed 210 per month.
- Prior authorization is not required for nebulizers and nebulizer supplies.
- The link for the District of Columbia Fee Schedule is listed below: https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleInquiry
- A table of incontinence supplies is also included for your reference (**on the following page**).

Table of Incontinence Supplies

CODE	PROCEDURE LONG DESCRIPTION	MAX UNITS	AUTHORIZED FREQUENCY
T4521	ADULT-SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER SMALL EACH	210	PER MONTH
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		
T4543	ADULT-SIZED DISPOSABLE INCONTINENCE PROIDUCT PROTECTIVE BRIEF/DIAPER ABOVE 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		
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON SMALL/MEDIUM SIZE, EACH (OTHER BRAND NAMES)	210	PER MONTH
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON LARGE SIZE, EACH (OTHER BRAND NAMES)		
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH (OTHER BRAND NAMES)		
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT FOR INCONTINENCE EACH	210	PER MONTH
T4539	INCONTINENCE PRODUCT DIAPER/BRIEF REUSABLE ANY SIZE EACH	2	PER MONTH
T4542	INCONTINENCE PRODUCT DISPOSABLE UNDERPAD SMALL SIZE EACH	150	PER MONTH
A4554	DISPOSABLE UNDERPADS(CHUX) ALL SIZES		
A4335**	INCONTINENCE SUPPLY MISCELLANEOUS (**9 PACK WIPES**)	900	PER MONTH
E0570	NEBULIZER	1	PER YEAR
A7003	ADMINISTRATION SET	2	PER MONTH
A7015	AEROSOL MASK USED WITH DME NEBULIZER	1	PER MONTH
A7005	NONDISPOSABLE NEBULIZER SET	1	
A7013	DISPOSABLE COMPRESSOR FILTER	2	
A7525	TRACHEOSTOMY MASK	1	

****A4335 is the designated code to be used for wipes****

Health Services for Children with Special Needs, Inc. 1101 Vermont Avenue NW, Ste 1201, Washington, DC 20005 (202) 467.2737,
HSCSN Wellness Center 3400 Martin Luther King Jr. Avenue SE, Washington, DC 20032 (202) 580.6485
hscsnhealthplan.org

Reminder:

Documentation Requirements for Authorization:
When requesting prior authorization for medical supplies, durable medical equipment (DME), nutritional supplements, orthotics, prosthetics, or assistive technology, please ensure that all required documentation is submitted. The Utilization Management (UM) staff reviews the submission for clinical information and appropriateness and once approved, you will receive an authorization.

Delivery Confirmation:
Providers are required to submit delivery confirmation to the UM team DME Reviewer Nurse within 24hrs of delivery. This confirmation must include a delivery invoice with the enrollee's signature, the delivery date, documentation of education provided to the enrollee of caregiver, and details of the equipment delivered.

HSCSN verifies all new and replacement equipment delivered to an enrollee's home.

Claims Submission:
Providers must include both the delivery ticket and the manufacturer's receipt when submitting claims for payments. Claims submitted without the delivery receipt and a copy of the manufacturer's invoice, if applicable, will be denied.

If you have any questions or concerns regarding this provider notification, please contact either Customer Care at 202-467-2737 or your assigned Provider Relations Representative at hscsn-provideraffair@hschealth.org The HSCSN UM Department is available to address any authorization related questions at 202-721-7162 or email at UM@hschealth.org

Sincerely,

Leslie Lyles Smith
Chief Operating Officer
Health Services for Children with Special Needs (HSCSN)

For more information visit www.hscsnhealthplan.org.
For reasonable accommodations please call (202) 467-2737.

If you do not speak and/or read English, please call 202-467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you. **English.**

Si no habla o lee inglés, llame al 202-467-2737 entre las 7:00 a.m. y las 5:30 p.m. Un representante se complacerá en asistirle. **Spanish.**

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Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 202-467-2737 từ 7 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn. **Vietnamese.**

如果您不能講和/或不能閱讀英語，請在上午 7:00 到下午 5:30 之間給 (202) 467-2737 打電話，我們會有代表幫助您。**Traditional Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하시는 경우, 오전 7시 00분에서 오후 5시 30분 사이에 (202) 467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeller 202-467-2737 entre 7:00 du matin et 5:30 du soir. Un représentant vous aidera. **French.**

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HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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