

## Incontinence Products

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- [Overview](#)
- [Eligible Providers](#)
  - [TPL and Medicare](#)
- [Eligible Members](#)
- [Covered Services](#)
- [Noncovered Services](#)
- [Authorization](#)
- [Billing](#)

### Overview

Disposable incontinence products are a covered service for eligible Medical Assistance and MinnesotaCare members who meet criteria as described under the Covered Services heading.

Refer to [Minnesota Health Care Programs \(MHCP\) Requirements for Incontinence Products \(DHS-3811\) \(PDF\)](#) for more information on requirements for incontinence products. Refer to the MHCP incontinence lists by [HCPCS](#) and [manufacturer](#) for covered products.

### Eligible Providers

The following may prescribe incontinence products:

- Clinical nurse specialist
- Nurse midwife
- Nurse practitioner
- Physician
- Physician assistant

The following may dispense incontinence products:

- Federally qualified health centers
- Home health agencies
- Hospitals
- Indian Health Services
- Medical suppliers
- Rural health clinics
- Pharmacies

### TPL and Medicare

Medicare does not cover incontinence products. Most third-party insurance policies do not cover incontinence products. Bill Minnesota Health Care Programs (MHCP) directly unless the third-party liability (TPL) is known to cover incontinence products. Providers must verify TPL coverage of incontinence products annually.

### Eligible Members

Eligible members may receive a specified quantity of incontinence products with the proper diagnosis and documentation of medical necessity as described under the Covered Services heading.

### Covered Services

**Codes: T4521-T4535, T4541-T4544**

MHCP covers the following supplies:

- Adult sized disposable briefs and diapers (T4521 to T4524, T4543)
- Adult sized disposable protective underwear and pull-ons (T4525 to T4528, T4544)
- Pediatric sized disposable briefs and diapers (T4529, T4530)
- Pediatric sized disposable protective underwear and pull-ons (T4531, T4532)
- Youth sized disposable briefs and diapers (T4533)
- Youth sized disposable protective underwear and pull-ons (T4534)
- Disposable liners, shields, guards, pads, and undergarments (T4535)
- Disposable underpads (T4541, T4542)

Any youth or pediatric-sized product and any underpad can be covered when medically necessary. Adult-sized disposable briefs, diapers, protective underwear, pull-ons, liners, shields, guards, and pads are covered if they are listed on the MHCP incontinence products lists by HCPCS or by manufacturer located on the [Equipment and supplies resources](#) webpage. Incontinence products not used for incontinence must be listed on the MHCP incontinence lists by HCPCS and manufacturer to be covered by MHCP.

### Coverage Criteria

The member must have a diagnosis of an underlying medical condition that involves loss of bladder or bowel control to be eligible for covered incontinence products. Some incontinence products have specific criteria as follows:

- The member must be toilet training or have light or infrequent incontinence for protective underwear or pull-ons.
- Underpads for adults and children under the age of 4 may be appropriate for other diagnoses not related to incontinence such as wounds with heavy fluid exudate (Limit 100 per calendar month unless prior authorization is obtained)

Quantity limits for disposable briefs, diapers, underwear, pull-ons, liners, shields, guards, pads and garments are up to 400 units per product or combination of products per month before authorization is required. Product combinations more than one size apart are not permitted. Liners, shields, guards, and pads have different absorbency levels. Refer to the MHCP incontinence products lists by HCPCS or by manufacturer located on the [Equipment and supplies resources](#) webpage.

Quantity limits for underpads are up to 100 units per month before authorization is required.

Refer to the following Incontinence Products table and the [Medical Supply Coverage Guide \(PDF\)](#) for information on quantity limits for incontinence products.

### Incontinence Products

HCPCS Codes	Quantity Limit
T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4543, T4544	Up to 400 units per month per product or combination of products
T4541, T4542	100 units per month

### Transvaginal Mechanotherapy

**Codes: E0715 and E0716**

Intravaginal devices utilizing mechanotherapy and supplies are covered with authorization for members with a diagnosis of stress urinary incontinence.

### Transcutaneous Tibial Nerve Stimulators

**Codes: E0736 and A4545**

Transcutaneous tibial nerve stimulators and supplies are covered with authorization for members with a diagnosis of an overactive bladder, urinary urgency, or related incontinent diagnoses.

### **Noncovered Services**

The following products and services are not covered. This list is not all-inclusive:

- Bed-wetting alarms
- Disposable wipes and washcloths
- Reusable incontinence products (T4536 to T4540)
- Disposable briefs or diapers for children younger than 4 years old who use fewer than 300 units per calendar month
- Disposable protective underwear or pull-ons, and disposable liners, shields, guards, pads, or undergarments for children younger than 4 years old
- Disposable adult-sized briefs, diapers, protective underwear, pull-ons, liners, shields, guards, pads, or undergarments that are not on the MHCP incontinence products lists by HCPCS or manufacturer when authorization has not been obtained
- Purchase of cloth diapers or use of a diaper service for cloth diapers
- Swim diapers

### **Authorization**

Authorization is required for the following:

- Quantities over MHCP quantity limits
- Disposable briefs or diapers for members under 4 years old
- Incontinence products not listed on the MHCP product lists
- Transvaginal mechanotherapy (E0715, E0716)
- Transcutaneous tibial nerve stimulators (E0736)

Submit authorization requests and required documentation to the [Medical Review Agent](#).

When authorization is required, the claim must match HCPCS code, modifiers and product code as noted on the authorization letter. Requests for authorization must include the appropriate HCPCS code, modifiers, and product codes.

### **Quantities of incontinence products over MHCP quantity limits**

- Quantities that exceed the MHCP limits may be authorized for members with medical conditions that cause frequent urination or defecation, or who have experienced skin breakdown or infection when using the maximum quantity of appropriate product.
- All requests for authorization must include documentation regarding the member's medical condition or diagnosis, type of incontinence, other incontinence products the member is using, any skin breakdown or infection issues, and an explanation that the products are appropriate for the member's needs.
- If the member is using a combination of products, documentation must show all quantities of all products required.
- Authorization requests for excess quantities must use modifier 76 to avoid denial as a duplicate claim if billed on the same day as nonauthorized products. Modifier 76 must be on the authorization request as well as the claim.

### **Disposable briefs or diapers for members under 4 years old**

- Documentation must include a medical condition or diagnosis of excessive urine or fecal output requiring more than 10 briefs or diapers per day.
- The first 300 units per calendar month are the guardian's responsibility. MHCP will authorize only the quantity that exceeds 300 per calendar month.

### **Nonlisted incontinence products**

- Products that are not on the MHCP incontinence products lists by HCPCS or manufacturer may be authorized for members who have experienced skin breakdown, allergic reaction, infection or other medical complication when using listed products.
- All requests for authorization must demonstrate trial and failure of all listed products in the appropriate size and category, or a medical contraindication to each listed product.

### **Transvaginal mechanotherapy**

- Documentation must include a diagnosis of stress urinary incontinence.
- All requests for authorization must discuss the member's history of incontinence, consideration of other incontinence products, and why other treatments do not satisfy the needs of the member.

### **Transcutaneous tibial nerve stimulators**

- Documentation must include a diagnosis of an overactive bladder, urinary urgency, or related incontinent diagnoses.
- All requests for authorization must discuss the member's history of incontinence, consideration of other incontinence products, and why other treatments do not satisfy the needs of the member.

### **Billing**

Providers are responsible to [coordinate services](#). Review [MHCP Billing Policy](#) for general billing requirements and guidance when submitting claims.

Bill incontinence products using [MN-ITS 837P](#). Refer to the [Billing for Durable Medical Equipment, Medical Supplies, Prosthetics and Orthotics, and Augmentative Devices](#) MN-ITS user guide for instructions.

Refer to the following information for billing and documentation:

- Follow standard documentation policy for proof of delivery. Refer to Proof of Delivery under Documentation in the [Equipment and Supplies](#) section of the MHCP Provider Manual.
- A new physician's order is required annually.
- The submitted charge should be the usual and customary charge inclusive of all applicable shipping costs and sales taxes.
- Dispense and bill only a one-month supply.
- Bill services approved through the authorization process on a separate claim from services not requiring authorization. Example: Submit one claim (no authorization required) for the number of units up to the quantity limit. Submit another claim with the prior authorization for the additional quantity dispensed over the quantity limit.
- Bill one unit per item (per brief, diaper, protective underwear, or pull-on, and the like) using the appropriate HCPCS code, product code, and modifiers.
- Use modifier NU.
- Bill T4535 using the following modifiers:
  - NU and U1 for products designed for light incontinence,
  - NU and U2 for products designed for moderate incontinence, and
  - NU and U3 for products designed for heavy incontinence.
- Claim lines for adult-sized disposable briefs or diapers, disposable protective underwear or pull-ons, disposable liners, shields, guards, pads and undergarments and disposable underpads must have a product code from the MHCP incontinence products lists by HCPCS or manufacturer. Claim lines without a product code that matches the MHCP incontinence products lists by HCPCS, or manufacturer will be denied unless authorized.

- Shipping costs are not separately billable.