

INCONTINENCE PRODUCT PRIOR AUTH CHANGES EFFECTIVE MARCH 1, 2020

Effective **March 1, 2020**, Aetna Better Health of Pennsylvania, for only the Medicaid (MA) line of business, **will not** require prior authorization for the following CPT/HCPCS codes before services are rendered up to 180 units per month.

Any request exceeding 180 units per month will require prior authorization.

CODE	DESCRIPTION	ALLOWABLE UNITS/Month without prior authorization
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra-large, each	180
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large, each	180
T4545	Incontinence product, disposable, penile wrap, each	Non-covered however, members under 21 can request an exception

If you have any questions about this update, please call Provider Relations at **1-866-638-1232**.