

**CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.**

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## **Incontinence Medical Supplies Example: CMS-1500**

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*CMS-1500* claim form. Refer to the *Incontinence Medical Supplies: An Overview* section of this manual for detailed policy information. Refer to the *CMS-1500 Completion* section of this manual for instructions to complete claim fields not explained in the following examples. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

**Billing Tips:** When completing claims, do not enter the decimal points in ICD-9-CM codes or dollar amounts. If requested information does not fit neatly in the *Reserved for Local Use* field (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

## Incontinence Supplies

*Figure 1. Incontinence supplies.*

*This is a sample only. Please adapt to your billing situation. Sample attachments are not illustrated in this example.*

In this example, a DME company is billing for contracted incontinence supplies. Incontinence supplies are restricted for use in chronic pathologic conditions causing incontinence.

The referring physician's name and NPI are entered in the *Name of Referring Provider or Other Source* field (Box 17) and the *NPI* field (Box 17B) because the recipient's physician must write individual prescriptions prior to the delivery of service, ordering only those supplies necessary for the care of that patient.

Documentation proving that the recipient is not eligible for Medicare is attached and "See Attachment" is entered in the *Reserved for Local Use* field (Box 19). The primary ICD-9-CM code 331.0 (Alzheimer's) and the secondary ICD-9-CM code 788.31 (urge incontinence) are entered in the *Diagnosis or Nature of Illness or Injury* field (Box 21) to reflect the condition causing the incontinence and the type of incontinence.

The recipient in this case is over 65 years of age and is not eligible for Medicare; therefore, a "6" is entered in the *Medicaid Resubmission Code* field (Box 22). Because the supplies are being delivered to the patient's home, "12" is entered in the *Place of Service* field (Box 24B).

HCPCS code T4522 (adult size brief) is entered in the *Procedures, Services or Supplies* field (Box 24D). Claims for contracted medical supplies require a qualifier/UPN in the shaded area of Box 24A. Enter the unit of measure/numeric quantity in the shaded area of Box 24D. These numbers are based on the product dispensed to the recipient. See the appropriate *Incontinence Products* section for a listing of UPNs and UPN qualifiers by manufacturer. Also see the *CMS-1500 Completion* section for more details about both the qualifier/UPN and the unit of measure/quantity.

**Notes:** 1) Unit of measure and numeric quantity are optional. Absence of these two elements will not result in claim denial.

2) Claims for non-contracted medical supplies with a listed price do not require a qualifier/UPN or an attachment (invoice, manufacturer's catalog page or price list). (Non-contracted supplies without a listed price do require documentation of product cost as an attachment (invoice, manufacturer's catalog page or price list) to the claim.

Enter the usual and customary charges in the *Charges* field (Box 24F) and the number "60" in the *Days or Units* field (Box 24G) to indicate that a quantity of 60 briefs is being billed.

