Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:
Absorbent Products

Effective: August 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☐ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care - A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Absorbent products are used for managing urinary and/or fecal incontinence in pediatric, adult, and elderly persons. Incontinence is defined as unintentional or involuntary loss of urine and/or feces due to lower urinary tract or lower gastrointestinal tract, malfunctions, respectively, as well as the inability to use the toilet appropriately due to chronic impairment that limits physical and/or cognitive function. Incontinence is a symptom associated with a broad range of medical conditions, including neurological diseases, injuries to the pelvic region or spinal cord, congenital anomalies, infections, and degenerative changes associated with aging. General signs and symptoms of incontinence may include reported wet or soiled clothing or diapers; reported bedwetting; observed wet or soiled clothes, diapers, or briefs; and/or direct observation of urine or fecal loss.

Types of Absorbent Products

Absorbent products are defined as diapers or brief-like garments, underpads, liners, and shields used to contain and/or manage symptoms of incontinence. Absorbent products may be disposable or reusable/washable, and are categorized as follows:

1. **Briefs/Diapers:** protective underwear with self-adhesive tabs and elastic leg gathers to improve fit and prevent leakage. Used for light-to-heavy incontinence**.**
2. **Protective underwear/Pull-up/pull-on products**: protective underwear that the user may pull up or down as needed and that is held in place by its own straps, buttons, snaps, Velcro, or slip-on feature. Generally used for light- to-moderate incontinence.
3. **Inserts/liners**: absorbent sanitary napkins or inserts generally used for light and infrequent incontinence.

4. **Underpad/bedpad/mattress protector**: flat pad with absorbent filler and waterproof backing, designed to protect bedding, furniture, and medical equipment. Pads are available in various sizes and absorbencies. Reusable underpads have a higher absorbency and therefore may be used in conjunction with disposable pads when there is evidence of high volume of urine or fecal leakage. Large pads may be used to aid in the lifting and repositioning of patients

Clinical Guideline Coverage Criteria

The Plan considers Absorbent Products as reasonable and medically necessary for managing urinary and/or fecal incontinence when **ALL** of the following are met:

1. The Member is older than three years of age, has a factor known to be associated with incontinence, and presents with **ONE** sign/symptom of daytime incontinence, which includes, but is not limited to, the following:
    a. **Stress**—involuntary urine loss associated with activities that increase intra-abdominal pressure, i.e., coughing, sneezing or physical exertion; **or**
    b. **Urge**—involuntary urine loss caused by involuntary bladder contraction and is often associated with a sense of urgency; **or**
    c. **Mixed**— involuntary urine loss caused by a combination of stress and urge incontinence; **or**
    d. **Overflow**— involuntary urine loss when urine produced exceeds the bladder's holding capacity; **or**
    e. **Functional**— involuntary urine and/or fecal loss caused by chronic physical and/or cognitive ailment that limits the individual's ability to access or use the toilet appropriately apart from a known genitourinary system or lower gastrointestinal tract pathophysiology; **or**
    f. **Fecal**— involuntary feces loss usually caused by loss of lower gastrointestinal tract controls; **and**
    g. **Indeterminable—** Incontinence that cannot be classified with anything above; **and**
2. A focused medical history and targeted physical exam have been conducted to detect factors contributing to urinary and/or fecal incontinence that, if treated, could improve or eliminate the Member's incontinence. Such factors include, but are not limited to, the following:
    a. Symptomatic urinary tract infection (UTI)
    b. Evidence of atrophic urethritis/vaginitis
    c. Medication regimens that include diuretics, drugs that stimulate or block the sympathetic nervous system, or psychoactive medications
    d. Medical conditions, such as delirium, fecal impaction, psychosis, diabetes, morbid obesity, delayed developmental skills, Parkinson's disease, or other neurological diseases that affect motor skills
    e. Environmental conditions (for example, impaired mobility, lack of access to a toilet, restraints, restrictive clothing, or excessive fluid intake)
    f. Social circumstances that prevent personal hygiene (for example, homelessness or inconsistent caregiver support for toileting)
3. The risk factors for developing urinary or fecal incontinence have been identified and documented. Such risk factors include, but are not limited to, the following:
    a. Genito urological and/or gynecological disorders (i.e., history of prostate surgery, high parity, history of vaginal deliveries and menopause)
    b. Lower GI tract disorders
    c. Impaired cognitive function
    d. Neurological disorders
    e. Impaired mobility
    f. Increasing age
    g. Obesity; **and**
4. Tests deemed appropriate by the prescribing clinician have been conducted and results have been reported. Such tests may include, but are not limited to, the following:
    a. Urinalysis/culture and sensitivity
    b. Urological testing and/or consultation
    c. Rectal exam
    d. Pelvic exam in women
    e. Developmental assessment and prognosis in children; **and**
5. Treatments (for example, behavioral techniques, pharmacologic therapy, and/or surgical intervention), when appropriate to the clinical situation to manage symptoms of incontinence have been attempted and failed or have been only partially successful; **and**
6. The prescribing provider determines that the product is necessary to manage observable symptoms of incontinence in circumstances where the Member or caregiver (family member or guardian) refuses to have a medical history taken, physical exam conducted, and/or treatments accepted for incontinence. Documentation that the Member or caregiver refused a medical history, examination, and/or treatment must be provided. The Member must still be seen by the provider even if the history, examination, and care are refused.

Criteria for Specific Products

Pull-up/pull-on products may be considered medically necessary only when the Member meets **ALL** of the following criteria:

1. Has incontinence that has been medically established; **and**
2. Has participated or is participating in a toileting-assistance program, unless such participation is impractical for reasons described in the prescribing provider's documentation; **and**
3. Is not bedridden.

Liners/inserts may be considered medically necessary when documentation demonstrates the Member experiences light and infrequent incontinence. Liners may be permitted in combination with other absorbent products.

Under pads/Bed pads may be considered medically necessary only when the Member meets **ONE** of the following criteria:

1. Is using absorbent diapers/pull-ups and Member reports leakage when seated or lying down; **or**
2. Member reports leakage when there is an indwelling catheter, and the catheter has been assessed for any malfunction; appropriate attempts have been made to correct the leakage; and it has been documented that the leakage is not attributable to the catheter

NOTE: Please refer to the MassHealth DME & Oxygen Payment and Coverage Guideline Tool for specific quantity limits by code

Limitations

The Plan does not consider absorbent products to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited, to the following:

1. A Member is using a permanent or temporary device, such as a urinary catheter, to manage incontinence, unless appropriate clinical documentation is provided as evidence of why the use of the requested absorbent products simultaneously with the device is medically necessary.
2. The Member's medical history/physical examination identifies reversible factors to manage the incontinence (for example, behavioral, pharmacologic, or surgical intervention), unless appropriate clinical documentation is provided showing that attempts to treat reversible factor(s) have been made and failed and the absorbent products are otherwise medically necessary.
3. The Plan does not cover absorbent products for members who are receiving care in skilled nursing facilities or inpatient hospital.

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
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
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, 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
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each

Code	Description
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, 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
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small size, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra-large, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large, each

References:

1. Commonwealth of Massachusetts. Executive Office of Health and Human Services. MassHealth Guidelines for Medical Necessity Determination for Absorbent Products. Available at MassHealth Guidelines for Medical Necessity Determination for Absorbent Products | Mass.gov, February 27, 2024. Last accessed April 9, 2026.
2. Commonwealth of Massachusetts. Executive Office of Health and Human Services. MassHealth DME & Oxygen Payment and Coverage Guideline Tool. Available at https://www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools#masshealth-durable-medical-equipment-and-oxygen-payment-and-coverage-guideline-tool- . Last accessed April 9, 2026.

Approval And Revision History

July 17, 2019: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC)
Subsequent endorsement date(s) and changes made:

- July 21, 2020: References and website links updated.
- July 21, 2020: Fax number for Unify updated
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- December 21, 2021: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- April 4, 2022: Template updated
- November 16, 2022: Reviewed by Medical Policy Approval Committee (MPAC), removed language regarding quantities exceeding limits, effective March 1, 2023
- December 1, 2022: Reviewed by MPAC, renewed without changes
- August 16, 2023: Reviewed by MPAC, template updated; language updated to be consistent with Mass Health guidelines, including section on *Premium Performance Products*; prior authorization removed for an effective date of October 1, 2023.
- September 20, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Rebranded Unify to One Care effective January 1, 2024
- August 30, 2024: Reviewed by MPAC, criteria updated to be in align with MassHealth criteria effective October 1, 2024
- August 20, 2025: Reviewed by MPAC, renewed without changes effective October 1, 2025
- September 5, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed
- June 15, 2206: Reviewed by UM Committee, renewed without changes effective August 1, 2026
- June 17, 2026: Reviewed by MPAC, renewed without changes effective August 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.