

**Michigan Department of Community Health**

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**Issued:** June 1, 2004

**Subject:** Mandatory Participation of Fee For Service (FFS) Medicare & Medicaid Dually Eligible Beneficiaries in the MDCH Volume Purchase Contract with J & B Medical

**Effective:** July 1, 2004

**Programs Affected:** Medicaid and Children's Special Health Care Services, Adult Benefits Waiver Program

The Centers for Medicare and Medicaid Services has confirmed that MDCH may require all FFS Medicare and Medicaid dually eligible beneficiaries to obtain select incontinent supplies through the MDCH Volume Purchase contract with J & B Medical. The select incontinent supplies represent those items that Medicare never covers due to their program guidelines. Effective July 1, 2004, the following list of incontinent contract supply items (designated with an X) must be obtained from the MDCH Volume Purchase Contractor (J & B Medical):

*HCPCS Code	Short Description	Mandatory For Medicare/ Medicaid
A4310	INSERT TRAY W/O BAG/CATH	
A4311	CATHETER W/O BAG 2-WAY LATEX	
A4312	CATH W/O BAG 2-WAY SILICONE	
A4314	CATH W/DRAINAGE 2-WAY LATEX	
A4315	CATH W/DRAINAGE 2-WAY SILICONE	
A4320	IRRIGATION TRAY	
A4322	IRRIGATION SYRINGE	

*HCPCS Code	Short Description	Mandatory For Medicare/ Medicaid
A4324	MALE EXT CATH W/ADH COATING	
A4325	MALE EXT CATH W/ADH STRIP	
A4326	MALE EXTERNAL CATHETER	
A4328	FEMALE URINARY COLLECTION POUCH	
A4330	PERIANAL FECAL COLLECTION POUCH	
A4331	EXTENSION DRAINAGE TUBING	
A4333	URINARY CATH ANCHOR DEVICE	

\*\*\*For Medicaid, use HCPCS code A4335 **only** to report belted/unbelted undergarment w/o sides.

\* HCPCS (Health Care Financing Administration) Common Procedure Coding System

*HCPCS Code	Short Description	Mandatory For Medicare/ Medicaid
A4334	URINARY CATH LEG STRAP	
***A4335	INCONTINENCE SUPPLY	X
A4338	INDWELLING CATHETER LATEX	
A4340	INDWELLING CATHETER, SPECIALITY TYPE	
A4344	CATH INDW FOLEY 2- WAY SILICONE	
A4351	STRAIGHT TIP URINE CATHETER	
A4352	COUDE TIP URINARY CATHETER	
A4357	BEDSIDE DRAINAGE BAG	
A4358	URINARY LEG BAG OR ABDOMEN BAG	
A4521	ADULT SIZE DIAPER, SMALL SIZE	X
A4522	ADULT SIZE DIAPER, MEDIUM SIZE	X
A4523	ADULT SIZE DIAPER, LARGE SIZE	X
A4524	ADULT SIZE DIAPER, EXTRA LARGE SIZE	X
A4525	ADULT SIZE BRIEF, SMALL SIZE	X

*HCPCS Code	Short Description	Mandatory For Medicare/ Medicaid
A4526	ADULT SIZE BRIEF, MEDIUM SIZE	X
A4527	ADULT SIZE BRIEF, LARGE SIZE	X
A4528	ADULT SIZE BRIEF, EXTRA LARGE SIZE	X
A4529	CHILD SIZE DIAPER, SMALL/MEDIUM SIZE	X
A4530	CHILD SIZE DIAPER, LARGE SIZE	X
A4531	CHILD SIZE BRIEF, SMALL/MEDIUM SIZE	X
A4532	CHILD SIZE BRIEF, LARGE SIZE	X
A4533	YOUTH SIZE DIAPER	X
A4534	YOUTH SIZE BRIEF	X
A4535	DISPOSABLE INCONT LINER/SHIELD	X
A4536	PROT UNDERWEAR, WASHABLE, ANY SIZE	X
A4554	DISPOSABLE UNDERPADS	X
A5112	URINARY LEG BAG, LATEX	
T1500	DIAPER/INCONT PANT, REUSABLE/WASHABLE	X

Beneficiaries dually eligible for Medicaid and Medicare are not required to obtain the other contracted incontinent items (not designated with an X) from J & B Medical but may choose to do so if preferred. If you have provided incontinent supplies (non-covered by Medicare) to a Medicare/Medicaid beneficiary, fax a copy of the current prescription to J&B Medical at (800) 737-0012 to facilitate this transition.

## MANUAL MAINTENANCE

These revisions will be incorporated into the Medical Supplier chapter of the Medicaid Provider Manual (Section 2, Incontinent Supplies) with the July 1, 2004 update.

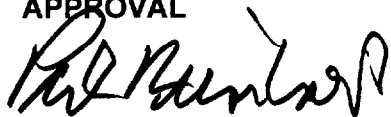
The Frequently Asked Questions (FAQ) document posted on the MDCH website has been revised to reflect these changes.

\* HCPCS (Health Care Financing Administration) Common Procedure Coding System

## QUESTIONS

Any additional questions regarding this bulletin should be directed to Provider Support, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may telephone toll free 1-800-292-2550.

## APPROVAL

A handwritten signature in black ink, appearing to read "Paul Reinhart". The signature is written in a cursive style with a large initial "P" and "R".

Paul Reinhart, Director  
Medical Services Administration