

# Clarified Definition of Bariatric-Size Incontinence Products

Information posted September 24, 2013

This is an update to an article titled "[Modifier U1 to be Required With Procedure Code T4528 for Incontinence Supply Claims Effective July 1, 2013](#)," which was published on May 17, 2013, on this website. The article states that procedure code T4528 with modifier U1 would be effective for bariatric-size incontinence products for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program effective July 1, 2013.

The update is that procedure code T4528 with modifier U1 has been clarified to apply to incontinence products that are adult size 2XL or larger.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.