

Update to Maximum Limitations for Incontinence Procedure Codes A4396 and A4399

Information posted April 12, 2019

Note: *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

Beginning May 1, 2019, TMHP will update the *Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook*, Subsection 2.2.14.9, "Incontinence Procedure Codes with Limitations."

The first table in this subsection lists procedure codes A4396 and A4399 with an incorrect maximum limitation of 1 per month. For both codes, the corrected maximum limitation will be 1 per day.

For more information, call the TMHP Contact Center at 1-800-925-9126.