



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Division of Health Care Policy
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PROVIDER LETTER

To: Durable Medical Equipment Providers (PT 90 / PL #A-43)

Date: November 15, 2023

RE: DME Addition of Code T4544

The Kentucky Department for Medicaid Services is informing providers of the following change:

- Coverage of the following newly added item is on the DME fee schedule and should be provided under DME provider Type 90:
 - T4544- ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH. \$1.35 each and a limit of 180 per month.
 - No Prior Authorization.
 - A diagnosis of fecal or urinary incontinence is required and should be included.

The Department does not provide billing instruction to providers. The information provided herein has been offered to clarify coverage under the DME Provider Type pursuant to 907 KAR 1:479 and 907 KAR 11:034.

Please email any questions to DivisionofHealthCarePolicy@ky.gov.

Sincerely,

Justin Dearing

Electronically signed by:

Justin Dearing, Acting Director
Division of Health Care Policy
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JD/js/kl