

PRIME CARE MEDICAL EQUIPMENT

Incontinence Supplies Physician Order

16 Walker Way, Colonie, NY 12205
P: (518) 456-6192 F: (518) 456-6193
www.PrimeCareMedEquip.com

1. MEMBER INFORMATION

MEMBER NAME	DATE OF BIRTH	NYS MEDICAID ID / CIN	PHONE
ADDRESS	CITY / STATE / ZIP		

2. NYS MEDICAID ACCEPTABLE INCONTINENCE DIAGNOSIS (select all that apply)

- | | | |
|---|--|--|
| ☐ N39.41 Urge | ☐ N39.3 Stress | ☐ N39.46 Mixed |
| ☐ N39.42 Without sensory awareness | ☐ N39.43 Post-void dribbling | ☐ N39.44 Nocturnal enuresis |
| ☐ N39.45 Continuous leakage | ☐ N39.490 Overflow | ☐ R39.81 Functional urinary |
| ☐ R15.9 Full fecal | ☐ R15.0 Incomplete defecation | ☐ R15.1 Fecal smearing |
| ☐ R15.2 Fecal urgency | | |

OTHER SPECIFIC ICD-10 (must support incontinence)

CONDITION / ETIOLOGY CAUSING INCONTINENCE

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3. SUPPLIES ORDERED - ENTER MONTHLY QUANTITY

HCPCS	ITEM DESCRIPTION	QTY / 30 DAYS	HCPCS	ITEM DESCRIPTION	QTY
A4554	Disposable underpad, all sizes		T4530	Pediatric disposable brief - Large	
T4521	Adult disposable brief/diaper - Small		T4533	Youth disposable brief/diaper	
T4522	Adult disposable brief/diaper - Medium		T4535	Disposable liner/shield/guard/pad	
T4523	Adult disposable brief/diaper - Large		T4537	Reusable bed-size underpad	
T4524	Adult disposable brief/diaper - XL		T4539	Reusable diaper/brief, any size	
T4543	Adult disposable brief/diaper - Above XL		T4540	Reusable chair-size underpad	
T4529	Pediatric disposable brief - Small/Medium				

4. CLINICAL DETAILS & MEDICAL NECESSITY

HEIGHT	WEIGHT	WAIST	HIP	CHANGES / DAY	ORDER LENGTH	REFILLS	☐ New	☐ Renew

MEDICAL NECESSITY / FUNCTIONAL LIMITATIONS / JUSTIFICATION FOR TYPE AND QUANTITY

5. PRESCRIBER CERTIFICATION

I certify that the items ordered are medically necessary for this member, are supported by the medical record, and the type and quantity are appropriate for bladder and/or bowel management. This order is not a guarantee of coverage or payment.

PRESCRIBER NAME / CREDENTIALS

NPI

PHONE

FAX

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PRACTICE NAME & ADDRESS

PRESCRIBER SIGNATURE

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DATE SIGNED

CURRENT NYS MEDICAID GUIDANCE (effective July 1, 2026 for FFS)

Up to 250 disposable diapers and/or liners; 150 disposable underpads; 5 reusable diapers; and 2 reusable bed plus 2 reusable chair underpads per 30 days. Disposable and reusable items of the same type are not allowed in the same 30-day period. Quantities above limits require prior approval and supporting clinical documentation.

Fax completed order and supporting documentation to Prime Care Medical Equipment: (518) 456-6193

For members age 3 or older. Diagnosis must be specific and supported by the member medical record. Verify payer-specific requirements.

Form rev. 08/2026