



February 27, 2025

**Partnership HealthPlan of California Medi-Cal**

**Important Provider Notice #503**

**Subject: Temporary Rates for Select Incontinence Supply Codes**

Partnership HealthPlan of California has established temporary rates for select contracted incontinence product supply codes. Rates were developed using UPN/MAC/MAPC per unit rates published on the Medi-Cal website and are subject to change. Claims processed on or after February 26, 2025 will be paid according to the below rate schedule, which includes the 38 percent dealer mark up. Tax will be applied, where applicable. There is no change to supplier authorization or billing requirements. **Suppliers should continue to submit claims for contracted incontinence products with a valid, Medi-Cal acceptable UPN.** Partnership will reinstate pricing by UPN/MAC/MAPC in the future. Suppliers will be notified via Important Provider Notice (IPN) with the effective date that the set rates will expire.

Medi-Cal Billing Code (HCPC)	Temporary Rate per Unit
T4521	0.50
T4522	0.57
T4523	0.76
T4525	0.55
T4526	0.57
T4527	0.76
T4533	0.48
T4541	0.61
T4542	0.51
T4537	30.36
T4528	0.87
T4524	0.87
T4535	0.50

For further information regarding this, please contact the Partnership Claims Department at (707) 863-4130 or (855) 798-8757.