

Medical Policy



Incontinent Supplies (Medicaid members only)

▼ Description

Incontinent supplies are items used to assist individuals with the inability to control excretory functions.

▼ Policy

The type of coverage for incontinent supplies may be dependent on the success or failure of a bowel/bladder training program. A bowel/bladder training program is defined as instruction offered to the beneficiary to facilitate:

- Independent care of bodily functions through proper toilet training.
- Proper techniques related to routine bowel evacuation.

▼ Policy Guidelines

Coverage criteria:

Diapers, incontinent pants, liners, and belted/unbelted undergarments without sides are covered for individuals age three (3) or older if both of the following applies:

- A medical condition resulting in incontinence and there is no response to a bowel/bladder program.
- The medical condition being treated results in incontinence, and member would not benefit from or has failed a bowel/bladder training program.

Pull-on briefs are covered for members ages 3-20 when there is the presence of a medical condition causing bowel/bladder incontinence, and one of the following applies:

- The member would not benefit from a bowel/bladder program but has the cognitive ability to independently care for his/her toileting needs, or
- The member is actively participating and demonstrating definitive progress in a bowel/bladder program.

Pull-on briefs are covered for members age 21 and over when there is the presence of a medical condition causing bowel/bladder incontinence and the member is able to care for his/her toileting needs independently or with minimal assistance from a caregiver.

Pull-on briefs are considered a short-term transitional product that requires a reassessment every six months. The assessment must detail definitive progress being made in the bowel/bladder training. Pull-on briefs covered as a long-term item require a reassessment once a year or less frequently as determined by provider. Documentation of the reassessment must be kept in the member's file.

Disposable under pads are covered for members of all ages with a medical condition resulting in incontinence.

▼Documentation:

Documentation must be less than 30 days old and include the following:

- Diagnosis of condition causing incontinence (primary and secondary diagnosis).
- Item to be dispensed.
- Duration of need.
- Quantity of item and anticipated frequency the item requires replacement.
- For pull-on briefs, a six-month reassessment is required.
- Prior authorization is required for usage over the established quantities.

▼HCPCS Level II Codes and Description

HCPCS codes:

T4521	Adult Size Brief/Diaper	SM	250/mo
T4522	Adult Size Brief/Diaper	MED	250/mo
T4523	Adult Size Brief/Diaper	LG	250/mo
T4524	Adult Size Brief/Diaper	XL	250/mo
T4525	Adult Size Pull-on	SM	250/mo
T4526	Adult Size Pull-on	MED	250/mo
T4527	Adult Size Pull-on	LG	250/mo
T4528	Adult Size Pull-on	XL	250/mo
T4529	Ped Size Brief/Diaper	SM/MED	250/mo
T4530	Ped Size Brief/Diaper	LG	250/mo
T4531	Ped Size Pull-On	SM/MED	250/mo
T4532	Ped Size Pull-On	LG	250/mo
T4533	Youth Size Brief/Diaper		250/mo

T4534	Youth Size Pull-On	250/mo
T4535	Disposable Liner/Shield/Pad	250/mo
T4536	Reusable Pull-On any Size	5 per 3mo.
T4539	Reusable incontinent product, diaper/brief any size,ea. 60 per month.	
T4541	Large Disposable Under pad	180/mo
T4542	Small Disposable Under pad	180/mo

Quantity Limitations Based on Combination of Items Used

Diapers and Pull-on Briefs- For a member using both, diapers and pull-on briefs, the combined total quantity of these items cannot exceed 250 per month.

Diapers of Different Sizes – For a member using a combination of different sized diapers, the total quantity must not exceed 250 per month.

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼References

1. American Medical Directors Association (AMDA). Urinary Incontinence Guidelines. Columbia, MD; 2007. Last reviewed August 2010.
2. Appell R. Recent Clinical Studies of New Pharmacologic Agents and Their Efficacy in the Treatment of Incontinence. *Reviews in Urology*. 2001; 3 (suppl. 1): S15-S18.
3. Berhman R, Kliegman H, and Jenson H. eds. Voiding Dysfunction. *Nelson Textbook of Pediatrics*. Philadelphia, Penn.: W.B. Saunder Co.; 2007.
4. Dmochowski R, Evaluating the Effectiveness of Therapies for Urinary Incontinence. *Reviews in Urology*. 2001; 3 (suppl.1): S7-S14.
5. Fantl JA, Newman DK, Colling J, et al. Managing Acute and Chronic Urinary Incontinence. Clinical Practice Guideline, No. 2, 1996 Update. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research. AHCPR Publication No. 96-0682: March 1996.
6. Leung F, Rao S.C. Fecal Incontinence in the Elderly. *Gastroenterology Clinics*. 2009: 503-511.
7. Nitti VW. The Prevalence of Urinary Incontinence. *Reviews in Urology*. 2001; 3 (suppl. 1): S2-S6.
8. National Association for Continence Products & Services for Incontinence Resource Guide, Twelfth Edition 2002-2003.

Applicable URAC Standard

Core 8	Staff operational tools and support.
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Change/ Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-09	Initial Release	Susan Glomb	Ken Fasse	n/a

01	12-22-09	Annual Review/ No changes. This policy is for Medicaid members only. Incontinent supplies are not a covered benefit for Medicare and BCN.	Susan Glomb	Ken Fasse	
02	12-02-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec. 2010
03	04-12-11	Changed quantities to update current quantities	Susan Glomb	Dr. Almasri	
04	07-18-11	Added HCPC code T4539 to the policy and Added Important Note to all Medical Policies	Susan Glomb	Dr. Almasri	
05	11-11-11	Annual Review. Added References to Policy	Susan Glomb	Dr. Almasri	Nov. 2011
06	11-29-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
07	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
08	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
09	11-16-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015
10	12-01-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
11	12-15-17	Annual Review. No Changes.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017
12	11-30-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018