

Medical Policy



Incontinent Supplies (Medicaid members only)

Description

Incontinence is defined as unintentional loss of urine and/or feces due to a malfunction of the lower urinary tract or lower gastrointestinal tract.

Incontinence is a symptom associated with several medical conditions, including neurological diseases, injuries to the pelvic region or spinal cord, congenital anomalies, infections, and degenerative changes associated with aging.

Incontinent supplies are items used to assist individuals with the inability to control excretory functions. Types of supplies are categorized as follows:

- **Diapers/Briefs:** protective underwear with self-adhesive tabs and elastic leg gathers to improve fit and prevent leakage. Used for light-to-heavy incontinence.
- **Pull-up/Pull-on Products:** protective underwear that the user may pull up or down as needed and that is held in place by its own straps, buttons, snaps, Velcro, or slip-on feature. Generally used for moderate incontinence.
- **Inserts/Liners/Shield/Pad:** absorbent sanitary pads (liners) or inserts generally used for light and infrequent incontinence.
- **Disposable or Reusable Underpad/Bedpad:** flat pad with absorbent filler and waterproof backing, designed to protect bedding, furniture, and medical equipment. Underpads/bedpads are available in various sizes and absorbencies. Reusable underpads have a higher absorbency and therefore may be used in conjunction with disposable pads when there is evidence of high volume of urine or fecal leakage.

Policy

Certain medical conditions may result in a symptom of incontinence. Symptoms of incontinence include, ***but are not limited to***, the following:

- **Stress** - urine loss caused by increased intra-abdominal pressure;
- **Urge** - urine loss caused by involuntary bladder contraction;
- **Mixed** - urine loss caused by a combination of stress and urge incontinence;
- **Overflow** - urine loss when urine produced exceeds the bladder's holding capacity;

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- **Functional** - uncontrolled or continuous leakage caused by neurological dysfunction, abdominal surgeries, or anatomical defects; and
- **Fecal** - feces loss caused by involuntary loss of control of lower gastrointestinal tract.
- **Indeterminable Incontinence** – Incontinence that cannot be classified with anything listed above.

Medical conditions that may result in incontinence include, *but not limited to*, the following:

- Urological disorders;
- Impaired cognitive function;
- Neurological disorders; and
- Impaired mobility.
- Increasing age
- Obesity

The type of coverage for incontinent supplies may be dependent not only on diagnosis and contributing factors but on the success or failure of a bowel/bladder training program. A bowel/bladder training program is defined as instruction offered to the member to facilitate:

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

Policy Guidelines

Coverage Criteria:

Diapers/briefs, liners/shield/pads, and disposable under pads are covered for members aged 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:

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- 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 aged 21 and over when:

- The member has 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 covered as a long-term item require a reassessment once a year or less frequent, as determined by healthcare provider.

Documentation:

Documentation must be less than 90 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.
- Prior authorization is required for incontinent supplies requests and for usage over the established quantities.
- Reassessment is required every 12 months for incontinent supplies requests.
- Documentation of a reassessment must be kept in the member's file.

HCPCS Level II Codes and Description

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

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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 3 mo
T4539	Reusable diaper/brief any size	60/mo
T4541	Large disposable underpad	180/mo
T4542	Small disposable underpad	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 individual health plan limits per month.

Diapers of Different Sizes - for a member using a combination of different sized diapers, the total quantity must not exceed individual health plan limits 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

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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 practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

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.
9. MassHealth Guidelines for Medical Necessity Determination for Absorbent Products. Revised Effective Date: March 3, 2022. Accessed 2/18/21. Last accessed and reviewed December 4,2023.

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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective 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	

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12	11-30-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
13	3-21-19	Revised verbiage of disposable under pads to indicate age limitation - member must be age 3 years and older and meet coverage criteria.	Carol Dimech	Dr. C. Lerchin	March 2019	
14	12-09-19	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	December 9, 2019	December 9, 2019
15	12-02-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020
16	3-18-21	Added MassHealth guidelines and references. URAC reference removed – no longer applicable.	Carol Dimech	Dr. C. Lerchin	March 23, 2021	March 23, 2021
17	12-9-21	Annual review. Added NCD, LCD verbiage to “Important Note”.	Carol Dimech	Dr. C. Lerchin	December 9, 2021	December 9, 2021
18	12-9-22	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	December 9, 2022	December 2022
19	12-04-23	Annual review. Added definition of Indeterminable Incontinence under qualifying diagnoses list. Added risk factors: aging and obesity.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	December 4, 2023	December 2023