

## Medical Policy



### Incontinent Supplies (NH Medicaid Members Only)

#### Description

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

#### Policy

Incontinent supplies are authorized for members aged **3 years and older** meeting coverage criteria below. Refer to policy guidelines for coverage criteria and length of authorizations.

#### Policy Guidelines

Coverage criteria:

**NOTE:** Urinary stress incontinence alone is not a covered condition unless caused by one of the conditions 1, 2, or 3 listed below.

A. Incontinence supplies will be authorized for one year if the recipient's type of incontinence is:

1. Secondary to a disease process or injury to the bladder which results in irreversible loss of control of the urinary bladder and/or rectal sphincter;
2. Secondary to an injury to the brain or spinal cord; or
3. Attributed to a profound cognitive disability, such as severe mental retardation or dementia, that results in an inability to achieve continence through bladder training;

B. For 6 months if the recipient's type of incontinence is:

1. Secondary to a surgical procedure, such as prostatectomy, resulting in temporary urinary incontinence; or
2. Secondary to an injury to the bladder and/or urinary sphincter, including nerve injury and detrusor muscle instability, resulting in temporary urinary incontinence.

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#### Quantity Limits:

<b>T4521</b> - Adult size brief/diaper sm - 195/month
<b>T4522</b> - Adult size brief/diaper med - 200/month
<b>T4523</b> - Adult size brief/diaper lg – 198/month
<b>T4524</b> - Adult size brief/diaper xl - 200/month
<b>T4525</b> - Adult size pull-on sm – 200/ month
<b>T4526</b> - Adult size pull-on med - 200/ month
<b>T4527</b> - Adult size pull-on lg – 198/month
<b>T4528</b> - Adult size pull-on xl – 196/month
<b>T4529</b> - Ped size brief/diaper sm/med – 216/month
<b>T4530</b> - Ped size brief/diaper lg - 200/ month
<b>T4531</b> - Ped size pull-on sm/med - 200/ month
<b>T4532</b> - Ped size pull-on lg - 200/ month
<b>T4533</b> - Youth size brief/diaper – 216/month
<b>T4534</b> - Youth size pull-on – 216/month
<b>T4535</b> - Disposable liner/shield/pad – 110/month (see documentation criteria below)
<b>T4537</b> - Reusable underpad bed size – 1/month
<b>T4539</b> - Reuse diaper/brief any size – 6/month
<b>T4540</b> - Reusable underpad chair size – 2/month
<b>T4541</b> - Large disposable underpad – 110/month
<b>T4542</b> - Small disposable underpad – 100/month
<b>T4543</b> - Adult disposable brief/diaper abv xl - 200/month
<b>T4544</b> - Adult disposable und/pull on abv xl - 200/month

#### Documentation:

- Prior authorization is required for usage over the established quantities.
- For HCPCS code **(T4535) Disposable liner/shield/pad** - additional quantities can be approved based on packaging and must be documented in the member's record.

#### 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.

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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.

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

### References

1. New Hampshire Medicaid. Part He-W 571 DURABLE MEDICAL EQUIPMENT, PROSTHETIC AND ORTHOTIC DEVICES, AND MEDICAL SUPPLIES.

### Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	4-9-12	Policy specific for NH Medicaid using NH Medicaid guidelines	Susan Glomb	Dr. B. Almasri		

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### Incontinent Supplies (NH Medicaid Members Only)

01	11-29-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Nov 12	
02	10-14-13	Updated policy to state that Urinary Stress incontinence alone is not a covered condition unless accompanied by a secondary condition noted in the coverage criteria 1-3.	Susan Glomb	Dr. B. Almasri		
03	12-09-13	Policy updated to include quantity limits for Pads/Liners. Not to exceed 144 per month.	Susan Glomb	Dr. B. Almasri		
04	12-30-13	Annual review. No further changes.	Susan Glomb	Dr. B. Almasri		
05	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
06	11-16-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015	
07	12-01-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
08	12-15-17	Annual Review. No Changes.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
09	11-30-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
10	4-12-19	Added to policy the requirement of age	Carol Dimech	Dr. C. Lerchin	April 2019	

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		3 years and older to qualify.				
11	12-09-19	Annual review. No additional changes – see entry above.	Carol Dimech	Dr. C. Lerchin	December 9, 2019	December 9, 2019
12	12-02-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020
13	01-29-21	Quantity limits box updated.	Carol Dimech	Dr. C. Lerchin	January 29, 2021	January 29, 2021
14	06-02-21	Quantity limits box/documentation updated for T4535.	Carol Dimech	Dr. C. Lerchin	June 2, 2021	June 2, 2021
15	12-9-21	Annual review. Added NCD, LCD verbiage to “Important Note”. Refer to 6-2-21 note.	Carol Dimech	Dr. C. Lerchin	December 9, 2021	December 9, 2021
16	12-9-22	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	December 9, 2022	December 2022
17	12-04-23	Annual review. No changes	Carol Dimech/Susan Glomb	Dr. C. Lerchin	December 4, 2023	December 2023
18	12-9-24	Annual review. No changes.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	12-9-24	12-9-24
19	12-01-25	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	12-1-25	12-1-25