



Health & Human Services

INCONTINENCE PRODUCTS (ADULT & YOUTH)

Service Authorization: Required **only** if monthly usage exceeds the amounts listed below.

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: December 2025

INCONTINENCE PRODUCTS (ADULT & YOUTH)

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following condition is present:

- The member has an underlying medical condition that involves loss of bowel or bladder control.
- Member must be 4 years old (day of their 4th birthday) or greater.
- Incontinence garment (A4520)
 - If a member uses **201**/month or more, a service authorization is **REQUIRED**.
 - If a member uses 200/month or less, it may be submitted directly to claims.
- Disposable under pads (A4554)
 - If the member uses the 71/month service, authorization is **REQUIRED**.
 - If a member uses 70/month or less, it may be submitted directly to claims.
- ICF/MR, skilled nursing, and swing bed facility members are excluded, as the products are included in the facility's monthly per diem.
- Only a one-month supply may be dispensed at any time.

Documentation Requirements:

If service authorization is required, please submit:

- A prescription from an ordering physician/practitioner.
- Physician/practitioner's documentation needs to address medical necessity.
- Physician/practitioner exam within 90 days of the service authorization start date.



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Non-covered:

Incontinence products are not covered for members under the age of 4.



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Date Revised

Revisions

February 2017

Added clarification to limits if service authorization is needed. Reformatted and reviewed

March 2019

Replaced logo with the new department logo.

Removed Over the age of four with an underlying medical condition that involves loss of bowel or bladder control.

Replaced with:

- The member has an underlying medical condition that involves loss of bowel or bladder control.
- Member must be 4 years old (day of their 4th birthday) or greater.

June 11, 2020

Reviewed and revised Documentation Requirement section to:

- A prescription from ordering physician/practitioner.
- Physician/practitioner’s documentation needs to address medical necessity.
- Physician/practitioner exam within 90 days of the service authorization start date.

June 29, 2021

Reviewed and added “Reviewed” to the header section.

November 23, 2022

Reformatted, added header logo updated with new logo, and removed “Services that are submitted directly to claims:

- Reference the DME Manual and the General Information Provider Manual for required documents for the member’s file needed for post pay audit purposes.”



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<p>May 1 2023</p>	<p>Replaced Incontinence garment (A4520)</p> <ul style="list-style-type: none"> ➤ If a member uses 201/month or more, a service authorization is REQUIRED. ➤ If a member uses 200/month or less may submit directly to claims. <p>Added Incontinence garment (A4520)</p> <ul style="list-style-type: none"> ➤ If a member uses 201/month or more, a service authorization is REQUIRED. ➤ If a member uses 200/month or less may submit directly to claims.
<p>December 12, 2023</p>	<p>Reviewed and reformatted. No changes made.</p>
<p>December 18, 2025</p>	<p>Reviewed and reformatted. No changes made.</p>