



Health & Human Services

## INCONTINENCE PRODUCTS (ADULT & YOUTH)

Service Authorization: Required **only** if monthly usage is greater than listed below.

CMN Required: None

## DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: December 2023

## 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 4<sup>th</sup> birthday) or greater.
- Incontinence garment (A4520)
  - If member uses **201**/month or more, a service authorization is **REQUIRED**.
  - If member uses 200/month or less may submit directly to claims.
- Disposable under pads (A4554)
  - If member uses **71**/month service authorization is **REQUIRED**.
  - If member uses 70/month or less may submit directly to claims.
- ICF/MR, skilled nursing and swing bed facility members are excluded, as the products are included in the facility 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 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	<p>Replaced logo with the new department logo.</p> <p>Removed Over the age of four with an underlying medical condition that involves loss of bowel or bladder control.</p> <p>Replaced with:</p> <ul style="list-style-type: none"> <li>• The member has an underlying medical condition that involves loss of bowel or bladder control.</li> <li>• Member must be 4 years old (day of their 4<sup>th</sup> birthday) or greater.</li> </ul>
June 11, 2020	<p>Reviewed and revised Documentation Requirement section to:</p> <ul style="list-style-type: none"> <li>• A prescription from ordering physician/practitioner.</li> <li>• Physician/practitioner’s documentation needs to address medical necessity.</li> <li>• Physician/practitioner exam within 90 days of the service authorization start date.</li> </ul>
June 29, 2021	Reviewed and added “Reviewed” to the header section.
November 23, 2022	<p>Reformatted, added header logo updated with new logo, and removed “Services that are submitted directly to claims:</p> <ul style="list-style-type: none"> <li>• Reference the DME Manual and the General Information Provider Manual for required documents for the member’s file needed for post pay audit purposes.”</li> </ul>



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Replaced Incontinence garment (A4520)

- If member uses **201**/month or more, a service authorization is REQUIRED.
- If member uses 200/month or less may submit directly to claims.

Added Incontinence garment (A4520)

- If member uses **201**/month or more, a service authorization is REQUIRED.
- If member uses 200/month or less may submit directly to claims.

May 1 2023

December 12, 2023

Reviewed and reformatted. No changes made.