Dakota Health & Human Services Be Legendary.	INCONTINENCE PRODUCTS (ADULT & YOUTH) Service Authorization: Required only if monthly usage is greater than listed below. CMN Required: None
DURABLE MEDICAL EQUIPMENT MANUAL EFFECTIVE: March 2007	COVERAGE AND LIMITATION CRITERIA AND POLICY REVISED: December 2023

INCONTINENCE PRODUCTS (ADULT & YOUTH)

Indications and limitations of coverage and medical appropriateness:

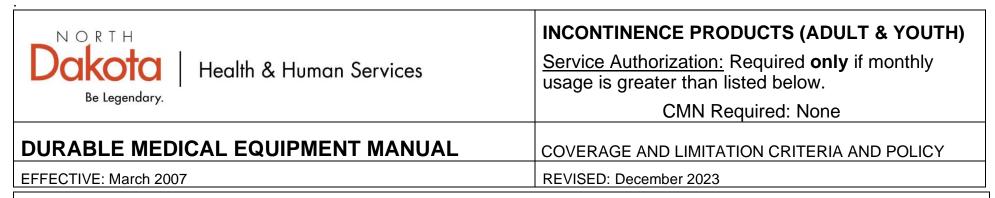
Coverage allowed if the following condition is present:

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

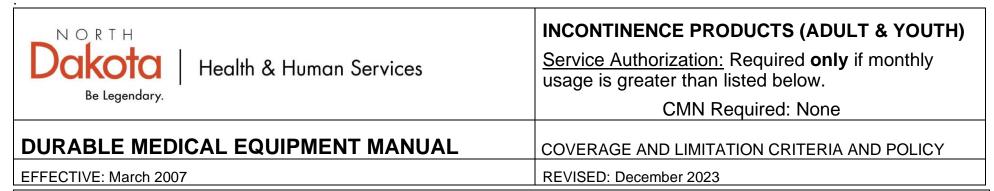
- A prescription from ordering physician/practitioner.
- Physician/practitioner's documentation needs to address medical necessity.
- Physician/practitioner exam within 90 days of the service authorization start date.



INCONTINENCE PRODUCTS (ADULT & YOUTH)

Non-covered:

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



INCONTINENCE PRODUCTS (ADULT & YOUTH)		
Date Revised	Revisions	
February 2017	Added clarification to limits if service authorization is needed. Reformatted and reviewed 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.	
March 2019	 Member must be 4 years old (day of their 4th birthday) or greater. 	
	Reviewed and revised Documentation Requirement section to:	
	 A prescription from ordering physician/practitioner. 	
	 Physician/practitioner's documentation needs to address medical necessity. 	
June 11, 2020	 Physician/practitioner exam within 90 days of the service authorization start date. 	
June 29, 2021	Reviewed and added "Reviewed" to the header section.	
	Reformatted, added header logo updated with new logo, and removed "Services that are submitted directly to claims:	
November 23, 2022	 Reference the DME Manual and the General Information Provider Manual for required documents for the member's file needed for post pay audit purposes." 	

Dakota Health & Human Services Be Legendary.	INCONTINENCE PRODUCTS (ADULT & YOUTH) Service Authorization: Required only if monthly usage is greater than listed below. CMN Required: None
DURABLE MEDICAL EQUIPMENT MANUAL EFFECTIVE: March 2007	COVERAGE AND LIMITATION CRITERIA AND POLICY REVISED: December 2023

INCONTINENCE PRODUCTS (ADULT & YOUTH)		
	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.	
May 1 2023	If member uses 200/month or less may submit directly to claims.	
December 12, 2023	Reviewed and reformatted. No changes made.	