

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Medical Necessity for Authorizing Incontinence Supplies
PAGE: 1 of 9	REPLACES DOCUMENT: N/A
APPROVED DATE: 11/18/2015	RETIRED: N/A
EFFECTIVE DATE: 11/18/2015	REVIEWED/REVISED: 5/12/2016; 5/18/2016; 5/18/2017; 5/2018
PRODUCT TYPE: Medicaid, Peach Care for Kids	REFERENCE NUMBER: GA.MP.07

SCOPE

Peach State Health Plan (PSHP) of Georgia Medical Management department

PURPOSE

To provide medical guidelines for authorization of Incontinence Supplies which include the following: diapers/briefs/pull-ups/liners, underpads, disposable wipes and emollients for members under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program under 21 years of age.

DESCRIPTION

Incontinence describes any accidental or involuntary loss of urine from the bladder or feces from the bowel.

POLICY/CRITERIA

A. Criteria for medical necessity:

Incontinence supplies are covered when medically necessary for members who qualified under the EPSDT program.

The following are required information for a complete medical necessity review:

- A signed medical necessity letter or prescription from member's treating physician/nurse practitioner (NP)/physician assistant (PA) within the last 12 months.
- Accurate diagnostic information pertaining to the underlying diagnosis/condition, as well as any other medical diagnoses/conditions, to include the member's overall health status.
- Diagnosis/condition causing increased urination/stooling.
- Number of times per day the physician/NP/PA has ordered that the supply be used.
- Quantity of disposable supplies requested per month. Incontinence supplies are not covered for convenience.
- Maximum authorization up to 3 months at a time with updated clinical notes for continued medical necessity every 3 months.
- Prior authorization may be considered with documentation of medical necessity if the Medicaid allowable (number allowed per month) is exceeded.

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Medical Necessity for Authorizing Incontinence Supplies
PAGE: 2 of 9	REPLACES DOCUMENT: N/A
APPROVED DATE: 11/18/2015	RETIRED: N/A
EFFECTIVE DATE: 11/18/2015	REVIEWED/REVISED: 5/12/2016; 5/18/2016; 5/18/2017; 5/2018
PRODUCT TYPE: Medicaid, Peach Care for Kids	REFERENCE NUMBER: GA.MP.07

Appendix A at the end of this policy contains the PSHP Incontinence Supplies Fee Schedule Covered Codes and Limits

1) NOCTURNAL ENURESIS IN CHILDREN

Intermittent nocturnal incontinence with discrete episodes of urinary incontinence (during sleep) in children younger than 5 years of age is considered normal and incontinence supplies are considered not medically necessary.

- a. For children 5 years old or older with nocturnal enuresis, incontinence supplies may be medically necessary:
 - i. One diaper/briefs/pull-up/liner/underpad per night or 30 per month may be approved.
 - If the requested quantity for diapers/briefs/pull-ups/liners/underpads ***exceeds*** one per day or 30 per month, the ***Prior auth nurse will send the request for secondary Medical Director Review.***

2) BIRTH THROUGH 3 YEARS OF AGE

Incontinence supplies, such as diapers, briefs, pull-ups, liners, underpads, and disposable wipes, may be considered medically necessary if the member presented with a medical condition(s) that results in an increased urine or stool output beyond the typical output for this age group, such as neurogenic bladder or bowel from spina bifida, celiac disease, short bowel syndrome, Crohn's disease, thymic hypoplasia, congenital adrenal hyperplasia, diabetes insipidus, Hirschsprung's disease, or radiation enteritis, among others.

3) FOUR YEARS OLD AND OLDER

- Incontinence supplies are covered for children ages 4 through 21 years who have an underlying medical condition that prevents control of the bowels or bladder.
- There must be documentation of the patient's diagnosis which supports the medical necessity of all items requested.
- The member presents with a medical condition such as: Spinal cord injury, Cerebral Palsy, Spina Bifida, moderate to severe Intellectual and Developmental Disabilities (IDD), Autism, Celiac disease, short bowel syndrome, Crohn's disease, thymic hypoplasia, congenital adrenal hyperplasia, diabetes insipidus, Hirschsprung's disease, or

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Medical Necessity for Authorizing Incontinence Supplies
PAGE: 3 of 9	REPLACES DOCUMENT: N/A
APPROVED DATE: 11/18/2015	RETIRED: N/A
EFFECTIVE DATE: 11/18/2015	REVIEWED/REVISED: 5/12/2016; 5/18/2016; 5/18/2017; 5/2018
PRODUCT TYPE: Medicaid, Peach Care for Kids	REFERENCE NUMBER: GA.MP.07

radiation enteritis, among others.

4) INCONTINENCE IN AN ADULT 21 YEARS OF AGE AND OLDER

- Urinary Incontinence is any involuntary leakage of urine, almost always caused by an underlying, treatable medical condition.
- Incontinence Items (diapers, pads, adult briefs, disposable wipes) **are not considered medically necessary and are not covered benefit.** There are alternative treatment/management options for chronic incontinence such as:

TYPE	TREATMENT/MANAGEMENT
Stress Incontinence	Surgery, pelvic floor physiotherapy, anti-incontinence devices, and medication
Urge Incontinence	Changes in diet, behavioral medication, pelvic-floor exercises, and/or medications and new forms of surgical intervention
Mixed Incontinence	Anticholinergic drugs and surgery
Overflow Incontinence	Catheterization regimen or diversion
Functional Incontinence	Treating underlying cause (e.g. meds)

If above criteria are met, the number is determined by the frequency of incontinency. The Prior-Authorization Nurse may approve as medically necessary.

If above criteria are not met the Prior-Authorization Nurse will send the request for secondary Medical Director Review.

REFERENCES:

1. Part II Policies and Procedures for Durable Medical Equipment Services. Georgia Department of Community Health. Revised: October 1, 2015; April 1, 2016; April 1, 2017; April 1, 2018.
2. Part II Policies and Procedures for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services. Georgia Department of Community Health, Division of Medicaid. Revised: April 1, 2016; April 1, 2017; April, 1 2018

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Medical Necessity for Authorizing Incontinence Supplies
PAGE: 4 of 9	REPLACES DOCUMENT: N/A
APPROVED DATE: 11/18/2015	RETIRED: N/A
EFFECTIVE DATE: 11/18/2015	REVIEWED/REVISED: 5/12/2016; 5/18/2016; 5/18/2017; 5/2018
PRODUCT TYPE: Medicaid, Peach Care for Kids	REFERENCE NUMBER: GA.MP.07

<p>3. McNerny TK, Adam HM, Campbell DE, Kamat DM, Kelleher KJ, eds. American Academy of Pediatrics Textbook of Pediatric Care. Elk Grove Village, IL: American Academy of Pediatrics; 2009.</p> <p>4. McNerny TK, Adam HM, Campbell DE, Dewitt TG, Foy JM, Kamat DM, eds. American Academy of Pediatrics Textbook of Pediatric Care. Elk Grove Village, IL: American Academy of Pediatrics; 2017.</p>

REVISIONS	DATE
<p>Changed DESCRIPTION to: Incontinence describes any accidental or involuntary loss of urine from the bladder or feces from the bowel.</p> <p>Under Criteria for Medical Necessity added; Incontinence supplies are not covered for convenience.</p> <p>Changed aged to <u>BIRTH THROUGH 3 YEARS OF AGE.</u></p> <p>Changed age to <u>Under FOUR YEARS OLD AND OLDER and added sentences per the EPSDT DCH Manual: Incontinence supplies are covered for children ages 4 through 21 years who have an underlying medical condition that prevents control of the bowels or bladder. There must be documentation of the patient's diagnosis which supports the medical necessity of all items requested.</u></p> <p>Added HCPCS T4541 \$0.79 240 per month to the fee schedule since is on the Medicaid PSHP configuration fee schedule.</p> <p>Updated References</p>	5/12/16
<p>Approved with changes by the UM Committee</p>	5/18/2016
<p>Annual Review, Updated References, Updated <u>Appendix A. PSHP Incontinence Supplies Fee Schedule Covered and Codes and Limits</u></p>	5/9/2017
<p>Annual Review, Updated References, minor reformatting throughout for ease of reading. Added One diaper/briefs/pull-up/liner/underpad added before underpad under 1) Nocturnal Enuresis in Children section. Removed word severe from autism under 3) <u>FOUR YEARS OLD AND OLDER</u> section. Updated</p>	5/2018

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Medical Necessity for Authorizing Incontinence Supplies
PAGE: 5 of 9	REPLACES DOCUMENT: N/A
APPROVED DATE: 11/18/2015	RETIRED: N/A
EFFECTIVE DATE: 11/18/2015	REVIEWED/REVISED: 5/12/2016; 5/18/2016; 5/18/2017; 5/2018
PRODUCT TYPE: Medicaid, Peach Care for Kids	REFERENCE NUMBER: GA.MP.07

<u>Appendix A. PSHP Incontinence Supplies Fee Schedule Covered and Codes and Limits</u>	
---	--

Appendix A. PSHP Incontinence Supplies Fee Schedule Covered and Codes and Limits

Procedure Code	Modifier	Rates	Limits
A4310		\$ 6.13	2 per month
A4311		\$ 16.46	2 per month
A4312		\$ 13.56	2 per month
A4313		\$ 17.48	2 per month
A4314		\$ 25.90	2 per month
A4315		\$ 17.94	2 per month
A4316		\$ 31.52	2 per month
A4320	U1>30	\$ 3.77	30 per month
A4322		\$ 3.29	4 per month
A4326		\$ 11.98	31 per month
A4327		\$ 49.51	4 per month
A4328		\$ 11.36	4 per month
A4330		\$ 7.94	As needed
A4331		\$ 3.53	2 per month
A4332		\$ 0.13	50 per month
A4333		\$ 2.45	2 per month
A4334		\$ 5.46	2 per month
A4335		\$ 3.09	2 per month
A4338		\$ 11.57	2 per month
A4340		\$ 23.97	2 per month
A4344		\$ 15.10	2 per month
A4346		\$ 18.48	2 per month
A4349	NU	\$ 1.62	120 per month
A4351	U1>150	\$ 1.44	150 per month
A4352	U1>150	\$ 5.05	150 per month
A4353	U1>120	\$ 5.60	120 per month
A4354		\$ 8.87	2 per month
A4355		\$ 9.02	2 per month
A4356		\$ 50.64	2 per month
A4357	NU	\$ 6.60	4 per month

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Medical Necessity for Authorizing Incontinence Supplies
PAGE: 6 of 9	REPLACES DOCUMENT: N/A
APPROVED DATE: 11/18/2015	RETIRED: N/A
EFFECTIVE DATE: 11/18/2015	REVIEWED/REVISED: 5/12/2016; 5/18/2016; 5/18/2017; 5/2018
PRODUCT TYPE: Medicaid, Peach Care for Kids	REFERENCE NUMBER: GA.MP.07

A4358	NU	\$ 5.19	4 per month
A4360	NU	\$ 0.41	30 per month
A4361		\$ 17.90	As needed
A4362	U1	\$ 2.35	20 per month
A4363		\$ 2.24	As needed
A4364	NU	\$ 1.99	2 per month
A4366		\$ 1.44	As needed
A4367	NU	\$ 5.39	2 per month
A4368		\$ 0.28	As needed
A4369		\$ 1.94	2 per month
A4371	NU	\$ 2.92	10 per month
A4372		\$ 4.66	As needed
A4373		\$ 6.96	As needed
A4375		\$ 19.07	As needed
A4376		\$ 52.82	As needed
A4377		\$ 4.77	As needed
A4378		\$ 34.12	As needed
A4379		\$ 16.67	As needed
A4380		\$ 41.43	As needed
A4381		\$ 5.13	As needed
A4382		\$ 27.32	As needed
A4383		\$ 31.29	As needed
A4384		\$ 10.67	As needed
A4385	U1	\$ 4.08	20 per month
A4387		\$ 2.49	As needed
A4388	NU	\$ 3.49	20 per month
A4389	NU	\$ 4.98	20 per month
A4390		\$ 10.66	As needed
A4391		\$ 7.85	As needed
A4392		\$ 9.08	As needed
A4393		\$ 10.04	As needed
A4394		\$ 2.87	As needed
A4395		\$ 0.05	As needed
A4396		\$ 44.93	1 per month
A4397	NU	\$ 3.53	5 per month
A4398		\$ 14.06	As needed
A4399		\$ 11.82	1 per month
A4400	NU	\$ 33.23	2 per year

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Medical Necessity for Authorizing Incontinence Supplies
PAGE: 7 of 9	REPLACES DOCUMENT: N/A
APPROVED DATE: 11/18/2015	RETIRED: N/A
EFFECTIVE DATE: 11/18/2015	REVIEWED/REVISED: 5/12/2016; 5/18/2016; 5/18/2017; 5/2018
PRODUCT TYPE: Medicaid, Peach Care for Kids	REFERENCE NUMBER: GA.MP.07

A4402	NU	\$ 1.09	4 per month
A4404	NU	\$ 1.35	15 per month
A4405	NU	\$ 2.72	10 per month
A4406		\$ 4.59	4 per month
A4407	NU	\$ 7.01	80 per month
A4408		\$ 10.95	As needed
A4409	NU	\$ 4.98	20 per month
A4410		\$ 10.04	As needed
A4411		\$ 5.66	As needed
A4412		\$ 3.00	As needed
A4413		\$ 6.11	As needed
A4414	U1	\$ 3.94	20 per month
A4415		\$ 6.65	As needed
A4416		\$ 3.06	As needed
A4417		\$ 4.13	As needed
A4418		\$ 2.02	As needed
A4419		\$ 1.93	As needed
A4420		\$ 2.41	As needed
A4421		\$ 23.00	As needed
A4422		\$ 0.13	As needed
A4423		\$ 2.07	As needed
A4424		\$ 3.80	80 per month
A4425		\$ 2.86	80 per month
A4426		\$ 3.03	As needed
A4427		\$ 3.09	As needed
A4428		\$ 7.23	As needed
A4429		\$ 9.16	As needed
A4430		\$ 9.45	As needed
A4431		\$ 6.90	As needed
A4432		\$ 2.87	80 per month
A4433		\$ 3.71	As needed
A4434		\$ 4.17	As needed
A4435		\$ 6.41	As needed
A4450	0.09	\$ 0.09	300 per month
A4452		\$ 0.28	200 per month
A4554		\$ 0.43	120 per month
A4455		\$ 1.14	2 per month
A4456		\$ 0.21	30 per month

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Medical Necessity for Authorizing Incontinence Supplies
PAGE: 8 of 9	REPLACES DOCUMENT: N/A
APPROVED DATE: 11/18/2015	RETIRED: N/A
EFFECTIVE DATE: 11/18/2015	REVIEWED/REVISED: 5/12/2016; 5/18/2016; 5/18/2017; 5/2018
PRODUCT TYPE: Medicaid, Peach Care for Kids	REFERENCE NUMBER: GA.MP.07

A4927		\$ 7.97	1 per month
A5051		\$ 1.66	60 per month
A5052		\$ 1.19	60 per month
A5053		\$ 1.65	As needed
A5054	U1	\$ 1.43	30 per month
A5055		\$ 1.15	30 per month
A5056		\$ 5.18	As needed
A5057		\$ 10.66	As needed
A5061	U1	\$ 2.82	30 per month
A5062		\$ 1.78	48 per month
A5063	NU	\$ 2.16	30 per month
A5071		\$ 4.81	20 per month
A5072		\$ 3.92	As needed
A5073	U1	\$ 2.54	30 per month
A5081		\$ 3.12	As needed
A5082		\$ 13.20	As needed
A5083		\$ 0.71	As needed
A5093		\$ 2.17	As needed
A5102		\$ 25.06	2 per month
A5105		\$ 45.25	4 per year
A5112		\$ 38.42	2 per month
A5113		\$ 5.23	2 per month
A5114		\$ 8.45	2 per month
A5120		\$ 0.18	100 per month
A5121		\$ 7.03	As needed
A5122		\$ 10.28	20 per month
A5126		\$ 1.46	As needed
A5131		\$ 17.60	1 per month
A5200		\$ 12.55	2 per month
E0275	NU	\$ 17.00	2 per year
E0275	RR	\$ 1.78	
E0275	UE	\$ 12.74	
E0276	NU	\$ 10.64	1 per 6 months
E0325	NU	\$ 9.55	2 per year
E0325	RR	\$ 1.43	
E0325	UE	\$ 6.31	
E0326	NU	\$ 10.23	2 per year
E0326	RR	\$ 1.12	

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Medical Necessity for Authorizing Incontinence Supplies
PAGE: 9 of 9	REPLACES DOCUMENT: N/A
APPROVED DATE: 11/18/2015	RETIRED: N/A
EFFECTIVE DATE: 11/18/2015	REVIEWED/REVISED: 5/12/2016; 5/18/2016; 5/18/2017; 5/2018
PRODUCT TYPE: Medicaid, Peach Care for Kids	REFERENCE NUMBER: GA.MP.07

E0326	UE	\$ 7.67	
T4521		\$ 0.60	250 per month
T4522		\$ 0.60	250 per month
T4523		\$ 0.60	250 per month
T4524		\$ 0.90	250 per month
T4525		\$ 0.60	250 per month
T4526		\$ 0.60	250 per month
T4527		\$ 0.80	250 per month
T4528	U1	\$ 1.50	
T4528		\$ 0.90	250 per month
T4529		\$ 0.60	250 per month
T4530		\$ 0.60	250 per month
T4531		\$ 0.80	250 per month
T4532		\$ 0.90	250 per month
T4533		\$ 0.34	250 per month
T4534		\$ 0.60	250 per month
T4535		\$ 0.50	31 per month
T4541		\$ 0.50	50 per month
T4543		\$ 0.94	240 per month
T4544		\$ 0.94	250 per month