

## **Benefit Guidelines: Incontinence Products**

**Service:** Incontinence Products

Effective date: 5/1/11

**Review dates:** 12/2/2020, 12/13/2021, 12/27/2022, 12/12/2023

**Products**: Medica DUAL Solution<sup>®</sup> (Minnesota Senior Health Options, or MSHO), Medica Choice Care<sup>SM</sup> (Minnesota Senior Care Plus, or MSC+) Medica AccessAbility Solution<sup>®</sup> (Special Needs Basic Care, or SNBC), and Medica AccessAbility Solution Enhanced<sup>®</sup> (Integrated SNBC, or I-SNBC)

## **Definition of Service:**

**Incontinence Products**: Disposable incontinence products are a covered service for eligible Medical Assistance (MA) recipients who meet criteria for medical necessity. Only certain products are covered; the MA maximum allowable amounts may preclude the purchase of some products.

Waiver Incontinence Products: Any amount of incontinence products that exceeds MA quantity limits, and/or reusable garments

**Disposable Wipes and Washcloths**: disposable product used for incontinence care, also includes Attends washcloths.

<u>Covered:</u> Per the DHS MHCP manual, products and services covered are disposable briefs, diapers, protective underwear, liners, shields, guards, pads, belted undergarments and underpads.

The recipient must have a diagnosis of an underlying medical condition that involves loss of bladder or bowel control to be eligible for covered incontinence products. Some incontinence products have specific criteria as follows:

- For protective underwear or pull-ons, the member must be toilet training or have light or infrequent incontinence.
- Underpads may be appropriate for other diagnosis not related to incontinence, such as wounds with heavy fluid exudate, limited to 100 per month.

Quantity limits for disposable briefs, diapers, underwear, pull-ons, liners, shields, guards, pads and garments (HCPCS T4521-T4535, T4543-T4544) are up to 400 units per product or combination of products per month before authorization is required. Product combinations more than one size apart are not permitted. Liners, shields, guards, and pads have different absorbency levels. Refer to the MHCP incontinence products lists located on the <u>Equipment and Supplies webpage</u>.

Quantity limits for underpads (T4541-T4542) are up to 100 units per month before authorization is required.

## **Elderly Waiver (EW) covered Incontinence Products:**

- Continence products that exceed the MA quantity limits are considered to be specialized equipment and supplies under EW
- Member must be opened to EW to receive specialized equipment and supplies incontinence products including wipes, cloth diapers, and disposable washcloths
- Must fit within EW Monthly Service Cap (MSHO/MSC+)
- Care Coordinator (CC) is to gather, for member record, supporting documentation regarding member's condition/diagnosis, type of incontinence, other products being used, any skin breakdown issues and whether product is appropriate for member's needs.

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MSHO & MSC+	SNBC and SNBC Integrated
Covered when MA criteria met	Covered when MA criteria met
and within MA quantity limits	and within MA quantity limits
No MA coverage.	No MA coverage.
May be covered if open to	May be covered if open to a
Elderly Waiver (EW) or a	disability waiver not managed by
disability waiver not managed	Medica.
by Medica.	
No MA coverage.	No MA coverage.
May be covered if open to EW	May be covered if open to a
or a disability waiver not	disability waiver not managed by
managed by Medica.	Medica.
	Covered when MA criteria met and within MA quantity limits  No MA coverage.  May be covered if open to Elderly Waiver (EW) or a disability waiver not managed by Medica.  No MA coverage.  May be covered if open to EW or a disability waiver not

## **Not Covered:**

- Bed wetting alarms
- Disposable wipes and washcloths
- Reusable underpads
- Reusable incontinence undergarments including pants to wear with disposable pads
- Disposable adult sized briefs or diapers, protective underwear or pull-ons, liners, shields, guards, pads, or undergarments, that are not on the MHCP Incontinence Products List when authorization has not been obtained
- Purchase of cloth diapers or use of a diaper service for cloth diapers
- Swim diapers

#### **Process:**

- No authorization needed for MA covered supplies.
- All incontinence products must be billed using appropriate codes.
- Use of T2029 for incontinence products is not allowed.
- CC is to clearly document the need in member case notes.
- CC is to order from a participating, in network Medica Provider.

## When to Submit a Request for Benefit Exception:

- When item is outside of the benefit set
- Amount of item exceeds EW Monthly Service Cap
- Request to exceed MA quantity limits when member has medical conditions that cause frequent
  urination or defecation, or who have experienced skin breakdown or infection when using the
  maximum quantity of appropriate product. Benefit Exception Inquiry to include medical
  documentation to support need.
- Requested item is a waiver item but member is not on a waiver
- Incontinent product is not listed on the MA approved product list

#### **Considerations:**

- Does the service enable the member to function with greater independence?
- Is the service of direct and specific benefit to the member (sole utility of the member)?
- Is this the most cost effective solution?
- Does the member meet the MA guidelines of having a medical condition that warrants use of incontinence products?



# **References:**

DHS MSHO/MSC+ Contracts
DHS SNBC Contracts
Minnesota Health Care Program (MHCP) Provider Manual
Community-Based Services Manual (CBSM)

This Medica Benefit Guideline for Care Coordination Products is intended to guide service plan development. This reflects current interpretation of the product benefit set and/or parameters for obtaining services. Medica staff should be consulted for further guidance or to vary from these recommendations.

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