

Benefit Guidelines: Incontinence Products

Service: Incontinence Products

Effective date: 5/1/11

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Products: Medica DUAL Solution[®] (Minnesota Senior Health Options, or MSHO), Medica Choice CareSM (Minnesota Senior Care Plus, or MSC+) Medica AccessAbility Solution[®] (Special Needs Basic Care, or SNBC), and Medica AccessAbility Solution Enhanced[®] (SNBC Integrated, or ISNBC)

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.

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

Covered: 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 200 per month.

Refer to the [Department of Human Services \(DHS\)](#) site for MA incontinence products/quantity limits.

Waiver covered Incontinence Products:

- Continence products that exceed the MA quantity limits are considered to be extended supplies under the waiver
- Member must be opened to the waiver to receive extended 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.

SNBC and wipes: Community Alternative Care (CAC), Developmental Disability (DD) and Brain Injury (BI) waivers do not cover disposable wipes as they do not meet the guidelines to be covered under Specialized Supplies and Equipment for these waivers. Community Access for Disability Inclusion (CADI) will sometimes cover wipes if criteria are met. The CC ~~Care Coordinator~~ should explore CADI funding for members on CADI before sending in a BEI. If no other coverage is available, requests must be submitted as BEI's

	MSHO & MSC+	SNBC and SNBC Integrated
Disposable incontinence products	Covered when MA criteria met and within MA quantity limits	Covered when MA criteria met and within MA quantity limits
Disposable Wipes and Washcloths	No coverage. Covered if open to EW	No coverage. Disability waiver may cover if criteria met
Extended Medical Supplies: Incontinence products that exceed MA quantity, wipes, cloth diapers, and disposable washcloths	Covered if open to EW	No coverage. Refer for Wavier assessment or to Waiver Case Manager

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.
- When item requested is from Non Par Provider
- 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/MS C+ Contracts
DHS SNBC Contracts

MHCP Provider Manual

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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