Benefit Guidelines: Incontinence Products

Service: Incontinence Products
Effective date: 5/1/11
Review dates: 12/10/18

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)

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 or diapers, protective underwear or pull-on liner, shield, guard, pad, undergarment, underpad, and diaper service for reusable diaper.

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-on, the recipient must be ambulatory or toilet training. These products are appropriate for people who have light or infrequent incontinence or who are toilet trained.
- Underpads may be appropriate for other diagnosis not related to incontinence, such as wounds with heavy fluid excretion.

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+)
- 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 Alternatives for Disabled Individuals (CADI) will sometimes cover wipes if criteria are met. The 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

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<th>Disposable incontinence products</th>
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<th>MSC+</th>
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| Disposable Wipes and Washcloths | No coverage. Covered if open to EW | No coverage. Covered if open to EW | No coverage. CADI may possibly cover if criteria met |

| Extended Medical Supplies: Incontinence products that exceed MA quantity, wipes, cloth diapers, and disposable washcloths | Covered if open to EW | Covered if open to EW | No coverage. Refer for Waiver assessment or to Waiver Case Manager |

**Not Covered:**
- Bed wetting alarms
- Disposable wipes and washcloths
- Reusable bed or chair pads
- Reusable incontinence undergarments, including pants to wear with disposable pads
- Disposable adult-sized briefs, diapers, protective underwear, or pull-ons that are not on the MHCP Incontinence products List
- Purchase of cloth diapers (recipients with services through the following waivers may contact their case managers if purchase of cloth diapers is needed: CAC, CADI, EW and BI waivers

**Process:**
- No authorization needed for MA or extended 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
- 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 recipient meet the MA guidelines of having a medical condition that warrants use of incontinence products?

**References:**
DHS MSHO/MSC+ & SNBC contracts
MHCP Provider Manual

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