

## **MO HealthNet PA Criteria**

Medical Procedure Class:	Diapers, Pull-ons, Underpads Over 186 Unit Limit: A4520EPNU, A4554EPNU, T4521EPNU, T4522EPNU, T4523EPNU, T4524EPNU, T4526EPNU, T4527EPNU, T4528EPNU, T4529EPNU, T4530EPNU, T4531EPNU, T4532EPNU, T4533EPNU, T4534EPNU, T4537EPNU, T4541EPNU, T4542EPNU, T4543EPNU
Implementation Date:	March 24, 2009
Prepared for:	MO HealthNet

New Criteria

Revision of Existing Criteria

## Executive Summary

Purpose:	To allow a consistent and streamlined authorization process for diapers, pull-ons and underpads for participants ages 4 through 20.		
Why was this Issue Selected:	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.		
Procedures subject to Pre- Certification	A4520EPNU – Incontinence garment, any type, each		
	A4554EPNU - Disposable underpads, all sizes		
	T4521EPNU – Adult sized disposable incontinence product, brief/diaper, small, each		
	T4522EPNU – Adult sized disposable incontinence product, brief/diaper, medium, each		
	T4523EPNU - Adult sized disposable incontinence product, brief/diaper, large, each		
	T4524EPNU – Adult sized disposable incontinence product, brief/diaper, extra large, each		
	T4525EPNU - Adult sized disposable incontinence product, protective underwear/pull-on, small size, each		
	T4526EPNU - Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each		
	T4527EPNU - Adult sized disposable incontinence product, protective underwear/pull-on, large size, each		

T4528EPNU - Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529EPNU – Pediatric sized disposable incontinence product brief/diaper, small/medium size, each
T4530EPNU - Pediatric sized disposable incontinence product brief/diaper, large size, each
T4531EPNU - Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532EPNU - Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533EPNU - Youth sized disposable incontinence product, brief/diaper, each
T4534EPNU - Youth sized disposable incontinence product, protective underwear/pull-on, each
T4537EPNU – Incontinence product, protective underpad, reusable, bed size, each
T4541EPNU – Incontinence product, disposable underpad, large size, each
T4542EPNU - Incontinence product, disposable underpad, small size, each
T4543EPNU – Disposable incontinence product, brief/diaper, bariatric, each

Setting & Population:	All MO HealthNet fee-for-service participants ages 4 through 20.
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Data Sources:	Medicare LCD	MHN Policy	
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## **Setting & Population**

MO HealthNet fee-for-service participants ages 4 through 20.

## Approval Criteria

# Disposable underpads and diapers/briefs over the 186 monthly unit limit are covered for patients age four through twenty when the following criteria are met:

1. The criteria for disposable underpads and diapers/briefs within the 186 monthly unit limit are met; AND

2. Justification of the medical necessity via submission of a Cyberaccess help ticket or a phone call to the help desk at 800-392-8030.

#### <u>Protective underwear/pull-ons are covered for patients age four through twenty</u> when the following criteria are met:

1. The criteria for protective underwear/pullons within the 186 monthly unit limit are met; AND

2. Justification of the medical necessity via submission of a Cyberaccess help ticket or a phone call to the help desk at 800-392-8030.

#### **Denial Criteria**

- Patient is under the age of 4
- Patient is age 21 or over
- Coverage criteria are not met

#### **Quantity Limitation**

Determined through consultant review

#### **Approval Period**

Physician specified duration of need up to 12 months

### Appendix A: Potential Questions for Step 1 and Step 2

\*\*The following questions may be encountered as part of the approval and denial criteria. Depending upon the patient's history and the way previous questions may be answered, not every question may be asked for every patient.

- Did you obtain a pending approval for diapers, pull-ons or underpads within the 186 monthly unit limit?
- What is the medically necessary quantity over 186 per month? \_\_\_\_\_ (per month)
- What is the duration of need? \_\_\_\_\_months
- Does the patient require a combination of incontinence products?