



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, T4544EPNU
Implementation Date:	March 24, 2009
Revision date:	11/17/2022
Prepared for:	MO HealthNet
Prepared by:	Conduent Business Services, LLC

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a consistent and streamlined process for authorization of diapers, pull-ons and underpads for participants ages 4 through 20.
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th 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	<p>A4520EPNU – Incontinence garment, any type, each</p> <p>A4554EPNU - Disposable underpads, all sizes</p> <p>T4521EPNU – Adult sized disposable incontinence product, brief/diaper, small, each</p> <p>T4522EPNU – Adult sized disposable incontinence product, brief/diaper, medium, each</p> <p>T4523EPNU - Adult sized disposable incontinence product, brief/diaper, large, each</p> <p>T4524EPNU – Adult sized disposable incontinence product, brief/diaper, extra large, each</p> <p>T4525EPNU - Adult sized disposable incontinence product, protective underwear/pull-on, small size, each</p> <p>T4526EPNU - Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each</p> <p>T4527EPNU - Adult sized disposable incontinence product, protective</p>

	<p>underwear/pull-on, large size, each</p> <p>T4528EPNU - Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each</p> <p>T4529EPNU – Pediatric sized disposable incontinence product brief/diaper, small/medium size, each</p> <p>T4530EPNU - Pediatric sized disposable incontinence product brief/diaper, large size, each</p> <p>T4531EPNU - Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each</p> <p>T4532EPNU - Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each</p> <p>T4533EPNU - Youth sized disposable incontinence product, brief/diaper, each</p> <p>T4534EPNU - Youth sized disposable incontinence product, protective underwear/pull-on, each</p> <p>T4537EPNU – Incontinence product, protective underpad, reusable, bed size, each</p> <p>T4541EPNU – Incontinence product, disposable underpad, large size, each</p> <p>T4542EPNU - Incontinence product, disposable underpad, small size, each</p> <p>T4543EPNU – Disposable incontinence product, brief/diaper, bariatric, each</p> <p>T4544EPNU – Adult sized disposable incontinent product, protective underwear/pull-on, above extra-large size, each</p>
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Setting & Population:	All MO HealthNet fee-for-service participants ages 4 through 20.
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Data Sources:	<input type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> 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- the help desk must be contacted by the authorized prescriber at 800-392-8030.

Protective underwear/pull-ons are covered for patients age four through twenty 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- the help desk must be contacted by the authorized prescriber at 800-392-8030.

Denial Criteria

- Patient is under the age of 4
- Patient is age 21 or over
- Coverage criteria is 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 on 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?