

## MO HealthNet PA Criteria

Medical Procedure Class:	Diapers, Pull-ons, Underpads: A4520NU, A4554NU, T4521NU, T4522NU, T4523NU, T4524NU, T4525NU, T4526NU, T4527NU, T4528NU, T4529NU, T4530NU, T4531NU, T4532NU, T4533NU, T4534NU, T4537NU, T4541NU, T4542NU, T4543NU, T4544NU
Implementation Date:	March 20, 2009 – Smart PA Implementation March 24, 2009 – CyberAccess Implementation
Revised Date:	November 17, 2022
Prepared for:	MO HealthNet
Prepared by:	Conduent Business Services, LLC

☒ New Criteria

☐ Revision of Existing Criteria

### Executive Summary

<b>Purpose:</b>	To allow a consistent and streamlined process for authorization of diapers, pull-ons and underpads for participants ages 4 through 20.
<b>Why was this Issue Selected:</b>	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.
<b>Procedures subject to Pre-Certification</b>	<p>A4520NU – Incontinence garment, any type, each</p> <p>A4554NU - Disposable underpads, all sizes</p> <p>T4521NU – Adult sized disposable incontinence product, brief/diaper, small, each</p> <p>T4522NU – Adult sized disposable incontinence product, brief/diaper, medium, each</p> <p>T4523NU - Adult sized disposable incontinence product, brief/diaper, large, each</p> <p>T4524NU – Adult sized disposable incontinence product, brief/diaper, extra large, each</p> <p>T4525NU - Adult sized disposable incontinence product, protective underwear/pull-on, small size, each</p> <p>T4526NU - Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each</p> <p>T4527NU - Adult sized disposable incontinence product, protective underwear/pull-on, large size, each</p>

	<p>T4528NU - Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each</p> <p>T4529NU – Pediatric sized disposable incontinence product brief/diaper, small/medium size, each</p> <p>T4530NU - Pediatric sized disposable incontinence product brief/diaper, large size, each</p> <p>T4531NU - Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each</p> <p>T4532NU - Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each</p> <p>T4533NU - Youth sized disposable incontinence product, brief/diaper, each</p> <p>T4534NU - Youth sized disposable incontinence product, protective underwear/pull-on, each</p> <p>T4537NU – Incontinence product, protective underpad, reusable, bed size, each</p> <p>T4541NU – Incontinence product, disposable underpad, large size, each</p> <p>T4542NU - Incontinence product, disposable underpad, small size, each</p> <p>T4543NU – Disposable incontinence product, brief/diaper, bariatric, each</p> <p>T4544NU – Adult sized disposable incontinent product, protective underwear/pull-on, above extra-large size, each</p>
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<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants ages 4 through 20.
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<b>Data Sources:</b>	<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 are covered for patients age four through twenty when the following criteria are met:**

- The items are prescribed and determined to be appropriate where there is the presence of a medical condition causing bowel/bladder incontinence; and
- The recipient would not benefit from or has failed a bowel/bladder training program.

**Protective underwear/pull-ons are covered for patients age four through twenty when:**

- The items are prescribed and determined to be appropriate where there is presence of a medical condition causing bowel/bladder incontinence; and
- The recipient is actively participating and demonstrating definitive progress in a bowel or bladder program with reassessment of progress every six months; or
- The recipient has the cognitive ability to independently care for his/her toileting needs; or
- There is documentation of the medical necessity for pull-on protective underwear instead of diapers/briefs (i.e., required by school, physically independent).

## Denial Criteria

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

## Quantity Limitation

6 per day (Maximum of 186 per month) of any combination of diapers, pull-ons, underpads

## Approval Period

Physician specified duration of need up to 12 months.

## Appendix B: 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.**

- Has the patient been seen and evaluated by a physician or nurse practitioner for incontinence needs during the past 12 months?
- Is there a medical condition present causing bowel/bladder incontinence?
- Is the patient utilizing any type of urinary catheter?
- Is this request for underpads or diapers/briefs?
- What is the primary use for the diapers/briefs a bowel incontinence and/or bladder incontinence?
- Is this request for protective underwear/pull-ons?
- Has the patient failed or would not benefit from a bladder training program of

at least 3 months duration?

- How many times per day is the patient changed\_\_? (Over 6 requires submission of a separate pre-certification and detailed medical justification.)
- What is the duration of need?\_(months)
- Is the participant actively participating and demonstrating definitive progress in a bladder training program with reassessment of progress every 6 months?
- Does the participant have the cognitive ability to independently care for his/her toileting needs?
- Does the patient record contain documentation of the medical necessity for pull-on/protective underwear instead of diapers/briefs? (i.e. physically independent or self toileting)
- Does the patient require a combination of incontinence products? (For a combination of incontinence products contact the help desk at 800-392-8030.)