

## MO HealthNet Exceptions Process Criteria

Medical Procedure Class:	<b>Incontinence product, brief/diaper, Pull-ons, Underpads: A4520NU-UB, A4554NU-UB, T4521NU-UB, T4522NU-UB, T4523NU-UB, T4524NU-UB, T4525NU-UB, T4526NU-UB, T4527NU-UB, T4528NU-UB, T4529NU-UB, T4530NU-UB, T4531NU-UB, T4532NU-UB, T4533NU-UB, T4534NU-UB, T4541NU-UB, T4542NU-UB, T4543NU-UB</b>
Implementation Date:	<b>December 27, 2010</b>
Prepared for:	<b>MO HealthNet</b>
Prepared by:	<b>Pharmacy and Clinical Services</b>

New Criteria

Revision of Existing Criteria

### Executive Summary

<b>Purpose:</b>	To allow a consistent and streamlined process for evaluation of requests for incontinence products, briefs/diapers, pull-ons and underpads for participants ages 21 and older.
<b>Why was this Issue Selected:</b>	If a prescriber believes that adult incontinence briefs are medically necessary for the MO HealthNet participant, they should utilize the Department's exceptions process for requesting authorization.
<b>Procedures subject to Pre-Certification</b> (These are the only incontinence items that will be considered for coverage)	<p>A4520NU-UB – Incontinence garment, any type, each</p> <p>A4554NU-UB - Disposable underpads, all sizes</p> <p>T4521NU-UB – Adult sized disposable incontinence product, brief/diaper, small, each</p> <p>T4522NU-UB – Adult sized disposable incontinence product, brief/diaper, medium, each</p> <p>T4523NU-UB - Adult sized disposable incontinence product, brief/diaper, large, each</p> <p>T4524NU-UB– Adult sized disposable incontinence product, brief/diaper, extra large, each</p> <p>T4525NU-UB - Adult sized disposable incontinence product, protective underwear/pull-on, small size, each</p> <p>T4526NU-UB - Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each</p>

	<p>T4527NU-UB - Adult sized disposable incontinence product, protective underwear/pull-on, large size, each</p> <p>T4528NU-UB - Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each</p> <p>T4529NU-UB – Pediatric sized disposable incontinence product brief/diaper, small/medium size, each</p> <p>T4530NU-UB - Pediatric sized disposable incontinence product brief/diaper, large size, each</p> <p>T4531NU-UB - Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each</p> <p>T4532NU-UB - Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each</p> <p>T4533NU-UB - Youth sized disposable incontinence product, brief/diaper, each</p> <p>T4534NU-UB - Youth sized disposable incontinence product, protective underwear/pull-on, each</p> <p>T4541NU-UB – Incontinence product, disposable underpad, large size, each</p> <p>T4542NU-UB - Incontinence product, disposable underpad, small size, each</p> <p>T4543NU-UB – Disposable incontinence product, brief/diaper, bariatric, each</p>
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<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants ages 21 and older, excluding those covered through waiver programs.
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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 21 and older, excluding those covered through waiver programs.

## Approval Criteria

**Disposable underpads and diapers/briefs are covered for patients over age twenty when the following criteria are met:**

- Prescriber must complete and submit Exception Request Form certifying that incontinence supplies are medically necessary
- A focused medical history and targeted physical exam by a prescriber in the past 12 months
  - conducted to detect factors contributing to bladder or bowel incontinence that, if treated could improve or eliminate the patient's incontinence;
  - Including any tests deemed appropriate by prescriber have been conducted and results have been reported;
- The items are prescribed and determined to be medically necessary where there is the presence of a medical condition causing bladder or bowel incontinence;
- Treatments (for example, behavioral techniques, pharmacologic therapy, and/or surgical intervention) appropriate to manage symptoms of incontinence have been tried and failed or partially successful
  - Clinician-defined bladder and/or bowel training programs of at least 3 months in duration as deemed appropriate.
  - MHD may temporarily cover medically necessary incontinence supplies while incontinence management treatments are being attempted. The clinician shall indicate on the form the nature of treatments being attempted, the expected duration of the treatment and a medically reasonable date to evaluate whether the treatment has or has not been successful.

**In addition to the above Approval Criteria, protective underwear/pull-ons are covered for patients ages twenty-one and older when there is documentation of medical necessity for pull-on protective underwear instead of diapers/briefs when:**

- The items are prescribed and determined to be appropriate where there is presence of a medical condition causing bladder or bowel incontinence;
- The participant is not bedridden
- The patient has the cognitive ability to care for their toileting needs including: the strength, agility, and dexterity to stand up and pull them on themselves.

## Denial Criteria

- Patient is under the age of 21
- The patient is using a permanent or temporary device, such as a urinary catheter, to effectively manage incontinence.
- A focused medical history and targeted physical examination have identified possible reversible factors, but no treatment to manage the incontinence has been initiated.
- No medical history has been taken, no physical examination has been performed, and there is no documentation that supports the medical necessity.
- Incontinence supplies are requested for use where other medical or surgical alternatives have either not been tried or are currently in use to correct or control incontinence and are effective.
- The patient has signs/symptoms of incontinence that are not associated with a medical condition (including, homelessness or inconsistent caregiver support for toileting, lack of access to a toilet, restrictive clothing).
- Patient is covered in a waiver program that provides incontinence supplies
- Approval criteria are not met

## Quantity Limitation

### **186 per month of any combination of diapers, pull-ons, underpads**

- Requests for greater than 186 incontinence items per month must contain documentation supporting the medical need for quantities greater than 186 per month

## Proposal Update History

<b>Change</b>	<b>Amended Date</b>
Criteria Proposal posted to MHD website	11/07/2011
Removed bowel incontinence denial criteria	12/09/2011
Clarified bladder or bowel language and quantity limitation need supporting documentation for med nec	12/19/2011
Clarified appropriate alternative treatment criteria	01/19/2012

## Approval Period

Physician specified duration of need up to 12 months.