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**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

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**18.2.22 Disposable Incontinence Products**

The products below are covered for beneficiaries aged four years of age through 20 years of age when specifically prescribed by the beneficiary's physician and specific criteria are met as described below.

**Diapers**

The beneficiary has a medical condition resulting in permanent bowel/bladder incontinence, and the beneficiary would not benefit from or has failed a bowel/bladder training program when appropriate for the medical condition.

**Pull-on Briefs**

There is presence of a medical condition resulting in permanent bowel/bladder incontinence and the beneficiary has cognitive and physical ability to assist in their toileting needs.

**Liners/Guards**

Liners/guards may be approved if they are cost-effective in reducing the amount of other incontinence supplies needed.

**NOTE:** Permanent loss of bladder and/or bowel control is defined as a condition that is not expected to be medically or surgically corrected and that is of long and indefinite duration.

Beneficiaries, who have a diagnosis of nocturnal incontinence, including those who do not have a problem in the daytime; however, are not able to wake up to go to the bathroom at night, may be qualified to receive a diaper or pull-up for nighttime use.

**Documentation Requirements**

The prescription request form for disposable incontinence products may be completed, or a physician's prescription can be submitted along with the required documentation as listed below.

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Documentation must reflect the beneficiary's current condition and include the following:

1. Diagnosis (specific ICD-10-CM or its successor) of condition causing incontinence (primary and secondary diagnosis);
2. Item to be dispensed;
3. Duration of need (physician must provide);
4. Size;
5. Quantity of item and anticipated frequency the item requires replacement; and
6. Description of mobility/limitations.

To avoid unnecessary delays and need for reconsideration, care should be taken to use the correct HCPCS codes located on the DMEPOS fee schedule located on [www.lamedicaid.com](http://www.lamedicaid.com).

**Documentation for extraordinary needs** must include all of the above and:

1. Description of mental status/level of orientation;
2. Description of current supportive services; and
3. Additional supporting diagnosis to justify increased need for supplies.

The "Prescription Request Form for Disposable Incontinence Supplies" collects this information. (See Appendix D for form).

**Prior Authorization Requirements for Incontinence Supplies**

Prior authorization is required for all disposable incontinence supplies. The PA requests shall meet all previously defined criteria for:

1. Eligible beneficiary;
2. Eligible provider;

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3. Covered product; and
4. Documentation requirements.

**Quantity Limitations**

Disposable incontinence supplies are limited to eight per day. Additional supporting documentation is required for requests that exceed the established limit.

**Dispensing**

Only a one-month supply may be dispensed at any time as initiated by the beneficiary. Allowable amounts may preclude the purchase of some products. The rate has been established so that the majority of products on the market are obtainable. Providers should always request authorization for the appropriate product for the beneficiary's current needs.

Providers must provide at the minimum, a moderate absorbency product that will accommodate a majority of the Medicaid beneficiary's incontinence needs. Supplying a larger quantity of inferior products is not an acceptable practice.

For beneficiaries requesting a combination of incontinence supplies, the total quantity shall not exceed the established limit absent approval of extraordinary needs.

Because payment cannot exceed the number of units prior authorized, providers who choose to have incontinent supplies shipped directly from the manufacturer to the beneficiary's home shall be responsible for any excess over the number of supplies approved by the PA.

**Catheters**

Catheters are approved only if the beneficiary's medical condition necessitates the use of a catheter.