



Clinical Medical Policy Diapers/Incontinent Products

Benefit Coverage:

Diapers and absorbent products used for managing urinary incontinence in children above the age of 3 years old and adults are covered benefits.

The monthly allowance for diapers is up to 192, based on member's growth and development, and their medical need. Prior authorization and review for additional medical necessity is required for any quantity above 192 per month (based on 30 day supply), up to 300 diapers per month. The maximum allowed benefit is 300 diapers per month.

Disposable underpads are limited to 150 per month (based on 30 day supply).

DME vendors are prohibited from making automatic shipments.

Description:

Absorbent products are defined as diaper or brief-like garments and underpads or liners used to contain urinary incontinence. Absorbent products may be either disposable or reusable/washable

Urinary incontinence is defined as unintentional loss of urine due to malfunctions in the lower urinary tract. Incontinence is a symptom associated with a broad range of medical conditions, including but not limited to neurological diseases, congenital anomalies, injuries to the pelvic region or spinal cord, and infections. Correction of underlying factors such as medical illnesses and medication side effects can sometimes improve urinary continence.

Monthly order period is considered to be 30 days.

Coverage Determination:

As described in the Neighborhood Clinical Medical Policy, *CMP 018.01 Durable Medical Equipment*:

- DME items which **do not** require prior authorization (includes diapers up to 192 for 30 day supply) are obtained through physician orders directed to contracted DMension's providers.
- Before submitting a claim to DMensions, the provider **must** have on file a dispensing order, the written order, information from the treating physician concerning the patient's diagnosis (if an ICD-9-CM code is required on the claim), and any information required for the use of specific modifiers, or attestation statements, in accordance with Medicare guidelines.

Prior Auth Requirement

Diaper quantities ordered in excess of 192 per month, up to a maximum of 300, require prior authorization. Requests are submitted to a contracted DMension provider, using the *Neighborhood*



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Medical Necessity Review Form for Absorbent Products. DMension forwards the request to Neighborhood's Utilization Management staff for medical necessity review.

Diapers for children under the age of 3 are generally considered for the convenience of the parent or guardian, and therefore are usually not medically necessary.

Appeal Rights

Diaper quantities in excess of 300 per month and disposable underpads in excess of 150 per month are non-covered benefits. Benefit Appeal rights are explained in Neighborhood's Member Handbook.

Criteria:

The following information is reviewed when submitted on the *Neighborhood Medical Necessity Review Form for Absorbent Products*, and a determination is made as to medical necessity and time frame required for the products.

1. The member is over the age of three years and presents one of the following signs/symptoms of incontinence that include, but are not limited to:
 - Stress – urine loss caused by increased intra-abdominal pressure;
 - Urge – urine loss caused by involuntary bladder contraction;
 - Mixed – urine loss caused by a combination of stress and urge incontinence;
 - Overflow – urine loss when urine produced exceeds the bladder's holding capacity; and
 - Total – uncontrolled or continuous leakage caused by neurological dysfunction, abdominal surgeries, or anatomical defects.

2. A history and physical exam has been conducted to detect factors contributing to urinary incontinence, and to identify potentially reversible causes. Such factors include, but are not limited to:
 - medical conditions, such as delayed developmental skills, fecal impaction, psychosis, or other neurological diseases that affect motor skills;
 - symptomatic urinary tract infection;
 - evidence of atrophic urethritis/vaginitis;
 - medication regimens that include diuretics, drugs that stimulate or block the sympathetic nervous system, or psychoactive medications;
 - environmental conditions (for example, impaired mobility, lack of access to a toilet, restraints, restrictive clothing, or excessive beverage intake); and
 - social circumstances that prevent personal hygiene (for example, inconsistent caregiver support for toileting).



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3. Tests deemed appropriate by the prescribing clinician have been conducted and results have been reported. Such tests may include, but are not limited to:
 - developmental assessment and prognosis in children
 - urinalysis/culture and sensitivity
 - urological testing and/or consultation
 - rectal exam
 - pelvic exam in women
4. Treatments (for example, behavioral techniques, pharmacologic therapy, and/or surgical intervention) to manage symptoms of incontinence have been tried and failed or partially successful. This must include evidence of documentation on regular monitoring of responsiveness to such treatments.
5. Urinary incontinence is accompanied by fecal incontinence.
6. Enuresis due to a diagnosis of Global Delay may be considered for limited approval if a toilet training program is in place and is ongoing.

Covered Codes:

A4520 for all diaper products

A4554 for underpads

Exclusions:

1. The patient is using a permanent or temporary device such as a catheter to manage incontinence.
2. No examination performed and no information available that supports the need for absorbent products or diapers.
3. The history and physical identified possible reversible factors, but no treatment or plan has been initiated to manage the incontinence.
4. Products are used solely for the management of nocturnal enuresis.
5. Products are used primarily for managing fecal incontinence and no medical or surgical alternatives have been tried to correct or control the fecal incontinence.
6. Products are provided solely for the convenience of the member or service provider.

An excess of 300 diapers per month is not covered.

An excess of 150 disposable underpads per month is not covered.



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CMP Number: CMP-019.02
CMP Cross Reference: CMP 018 Durable Medical Equipment
References:

CMS Reference - NHIC (National Heritage Insurance Company) the DME MAC for Region A.

http://www.medicarenhic.com/dme/handout_cd/DME_MAC_A_Resources_Guide.pdf

DHS Reference – On Line DME manual

<http://www.dhs.state.ri.us/dhs/heacre/provsvcs/manuals/dme/scrnlstA.htm>

American Medical Directors Association CPG News.org – “Frequently Asked Questions from Managing Urinary Incontinence in Long Term Care Setting,” accessed website 2/2010.

<http://www.cpgnews.org/UI/askexperts.cfm>

Article “Urinary Incontinence in Children,” MedicineNet.com, accessed website 2/2010.

http://www.medicinenet.com/urinary_incontinence_in_children/article.htm

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