

Driscoll Health Plan Medical Necessity Guideline

Medical Necessity Guideline: Incontinence Supplies	Creation Date: 03/12/2012	Review Date: 02/06/2024	Effective Date: 06/07/2022
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PURPOSE:

To detail the conditions and authorization requirements for Incontinence Supplies (Diapers, Pull-ups, Liners, and under pads).

DEFINITIONS:

Diapers and briefs - incontinence items attached with tabs.

Pull-Ons/Pull-ups - incontinence items that do not attach with tabs and are sleep-on items.

Liners - intended to be primarily worn in undergarments. In exceptional cases, they may be used in addition inside diapers, briefs, and Pull-Ons to increase absorbency.

Disposable Underpads – Disposable underpads, also known as incontinence bed pads, are absorbent and waterproof pads made to protect bedding and are to be used for all ages from children to elderly. Various sizes commonly range from smaller (17” x 24”) to extra-large (36” x 36”). The underside of the pad is a waterproof material surrounding all sides and backing a thin layer of absorbent, cotton-type material on top that pulls in wetness. Some pads may have multiple layers with extra moisture-locking or moisture-wicking capabilities for super absorbency or an odor-blocking layer to keep the patient comfortable and dry. Some underpads are quilted on the top layer and may have an adhesive backing strip to keep the pad in place.

Skin Sealant - a formulation designed to protect vulnerable areas from the effects of 1) mechanical or chemical injury and 2) excessive moisture from incontinence, perspiration, or wound drainage.

Diaper wipe - a moistened, disposable, often antiseptic tissue used chiefly to clean the skin, especially infants and children.

GUIDELINE: ⁽¹⁾

Indications

- A. Diapers, Briefs, Pull-Ons, Pull-ups, and Liners
 - a. Members under four (4) years of age:
 1. Member has a condition that results in excessive elimination

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2. Greater than one (1) incontinence item is indicated only if there is documentation of leakage from a properly fitted diaper, pull-on, or brief requiring a diaper liner.
- b. Members over four (4) years of age:
1. Member has a medical condition that results in chronic incontinence:
 - 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.OR
 - Urinary incontinence accompanied by fecal incontinenceOR
 - Fecal incontinence
 2. Greater than one (1) incontinence item is indicated only if there is documentation of leakage from a properly fitted diaper, pull-on, or brief that requires a diaper liner.
- B. Skin sealants, protectants, moisturizers, and ointments: may be considered for members who are four (4) years of age or older and have documented incontinence-associated dermatitis.¹
- C. Diaper Wipes: May be considered in addition to incontinence items if demonstrated that it is required for perineal hygiene ⁽¹⁾
- D. Gloves: used to change diapers, briefs, and pull-Ons are not considered medically necessary unless the member has a skin breakdown or a documented disease that may be transmitted through the urine.

Non-covered items:

Reusable diapers, briefs, pull-Ons, wipes, and under pads are not a benefit in Medicaid.

Exclusions:

Coverage for diapers and incontinence supplies will be considered not medically necessary when any of the following are present:

- Possible reversible conditions have been identified, but no treatment or plan has been initiated to manage the incontinence.
- Products are used solely for the management of nocturnal enuresis that has not been addressed through other treatment measures.
- Products are provided solely for the convenience of the member or service provider.

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Required Documentation:

The following information will be needed for members requesting incontinence:

1. Physician documentation of a history and physical exam (including the member's height and weight) consistent with chronic incontinence (see indications above) with the following:
 - Accurate diagnostic information pertaining to the underlying diagnosis or condition
 - Other associated conditions (e.g., absent corpus callosum, congenital heart disease, chronic constipation, etc.)
2. Physician documentation of results of diagnostic testing and/or consultant referral as deemed appropriate by the ordering provider. (Examples include urologic testing and/or consultation, and developmental assessment in children);
3. Physician documentation of failure of a bowel/bladder training program or documentation that the insured individual cannot participate or would not benefit from a bowel/bladder training program.
4. Physician documentation that pharmacologic therapy and/or surgical intervention to manage symptoms of incontinence have failed or are contraindicated;
5. Physician documentation and/or prescription describing
 - The item(s) and quantities to be dispensed
 - Number of diaper/brief changes the member requires per day
 - The frequency (e.g., daily, twice a week, etc.) and timing of the member's incontinence (e.g., primarily at night, daytime, night, and day) that will be used per day and anticipated duration of need.
6. Documentation there is leakage from a properly fitted diaper, pull-on, or brief that requires a diaper liner.

BACKGROUND

Diapers, briefs, protective underwear, pull-ups, liners, wipes and under pads are benefits under Texas Medicaid for clients four (4) years of age or older with documentation of one of many medical conditions that result in chronic incontinence for a maximum of 240 diapers/pullups per month.⁽¹⁾ Current, best evidence for possible risk factors that lead to chronic incontinence in children are (not an exhaustive list):

- Maturational delays for a variety of reasons (i.e., genetic disorders; familial history of enuresis; intellectual or developmental disabilities)
- Obstructive sleep apnea
- Psychological problems and life events that may exacerbate or precipitate enuresis
 - Sexual abuse
 - Conduct disorders
 - School trauma (bullying)

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- Familial disturbances (e.g., divorce, the birth of a new child)
- Seizure disorders
 - The onset of a seizure disorder
 - Medications (SSRIs, valproic acid, clozapine)
- Associated conditions
 - Constipation and/or fecal incontinence
 - Psychiatric disorders
 - ADHD
 - ODD
 - Conduct disorder
 - Depression
 - Anxiety disorders
 - Sickle cell disease
 - Stress-urine loss caused by increased intra-abdominal pressure;
 - Urge-urine loss caused by involuntary bladder contraction;
 - Mixed-urine loss when urine produced exceeds the bladder's holding capacity (e.g., uncontrolled or poorly controlled diabetes); and
 - Total-uncontrolled or continuous leakage caused by neurological dysfunction (ascending paralysis for a variety of reasons), abdominal surgeries, or anatomical defects (e.g., spinal dysraphism, spinal cord disruption due to trauma, spinal cord tumors).^(2, 3, 4, 5)

Lack of bladder or bowel control is considered normal development for clients who are four (4) years of age or younger with the following caveat: Fecal incontinence diapers, briefs, protective underwear, pull-ups, liners, wipes and under pads may be a benefit for clients UNDER 4 years of age who has a diagnosis or condition that results in excessive elimination. Examples but not an exhaustive list of these conditions are:

- Celiac disease
- Short bowel syndrome
- Crohn's disease
- Thymic hypoplasia (e.g., Di George syndrome)
- Acquired Immunodeficiency Syndrome (AIDS)
- Congenital adrenal hyperplasia
- Diabetes insipidus
- Hirschsprung's disease
- Imperforate anus, or
- Radiation enteritis.⁽²⁾

PROVIDER CLAIMS CODES:

CPT

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T4522	T4523	T4524	T4525	T4526	T4527	T4528	T2529	T4530	
T4531	T4532	T4533	T45434	T4535	T4543	T4544	A4335	A4554	

REFERENCES:

1. Texas Medicaid Provider Procedures Manual (TMPPM) (updated monthly); Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook; Section 2.2.15 (Incontinence Supplies). May 2022
2. DynaMed. Enuresis. EBSCO Information Services. Accessed May 30, 2023.
<https://www.dynamed.com/condition/enuresis>.
3. DynaMed. Daytime Voiding Disorders in Children - Non-neurogenic. EBSCO Information Services. Accessed May 30, 2023.
<https://www.dynamed.com/condition/daytime-voiding-disorders-in-children-non-neurogenic>
4. Nieuwhof-Leppink AJ, Hussong J, Chase J, et al. Definitions, indications and practice of urotherapy in children and adolescents: - A standardization document of the International Children's Continence Society (ICCS). *J Pediatr Urol.* 2021;17(2):172-181.
doi:10.1016/j.jpuro.2020.11.006
5. Tekgul S, Stein R, Bogaert G, et al. EAU-ESPU guidelines recommendations for daytime lower urinary tract conditions in children. *Eur J Pediatr.* 2020;179(7):1069-1077.
doi:10.1007/s00431-020-03681-w

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DOCUMENT HISTORY:

DHP Committee that Approved	Review Approval Date (last 5 years)					
Medical Director	06/13/2019	06/22/2020	06/10/2021	05/24/2022	06/07/2022	05/30/2023
CMO	06/13/2019	06/22/2020	06/10/2021	06/7/2022	06/07/2022	06/06/2023
Medical Policy Workgroup					06/07/2022	06/06/2023
Utilization Management & Appeals				06/10/2021	06/21/2022	06/20/2023
Provider Advisory Committee (PAC)					06/17/2022	06/09/2023
Clinical Management Committee				06/17/2021	06/24/2022 & 08/23/2022	07/20/2023
Executive Quality Committee				08/04/2021	06/28/2022	07/25/2023

Document Owner	Organization	Department
Dr. Fred McCurdy, Medical Director	Driscoll Health Plan	Utilization Management

Review/Revision Date	Review/Revision Information, etc.
03/14/2014, 11/04/2015, 11/28/2016	No change but updated reference
11/28/2018	Updated TMPPM Reference
11/27/2019	New format, Update TMPPM reference, added expanded language – Drs. Tom Morris and Karl Serrao

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05/20/2020	Substantial revision by Fred McCurdy with updated TMPPM reference and external EBM source (DynaMed); Codes added – Dr. Brendel
06/04/2020	Dr. Serrao comments for Dr. McCurdy’s minor revision in language and reference citation
06/06/2020	Dr. McCurdy’s review and additions/subtractions/revisions with references.
06/16/2020	Editing and formatting by Dr. Serrao and Dr. Brendel
05/21/2021	Update references and TMPPM and verified codes Dr. McCurdy
05/24/2022	Reviewed and final editing to include reference update by Dr. Fred McCurdy
05/30/2023	Reviewed by Dr. Fred McCurdy, no changes
02/06/2024	Reviewed and added Disposable Underpads definition, Fred McCurdy, MD

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