

Medical Policy Absorbent Products for Incontinence

Policy Number: 02

	Commercial and Connector/Qualified Health Plans	MassHealth	Medicare Advantage
Authorization required			
Notification within 24 hours of service or next business day			
No notification or authorization		X	
Not covered	X		X

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for absorbent products used to manage incontinence.

Coverage Guidelines

Mass General Brigham Health Plan covers absorbent products for the treatment of incontinence for individuals over the age of three when such products are recommended by the member's physician, authorized, and meet medical necessity criteria. Authorization for absorbents may be provided while the member is undergoing evaluation for incontinence. Providers must request extensions to authorizations that are about to expire. The specialist and/or the primary care provider are responsible for providing all necessary clinical information including a medical necessity statement stating patients:

1. Diagnosis
2. Clinical signs and symptoms of incontinence
3. Documentation of past and current treatment regimens, including possible reversible factors
4. Response to treatment
5. Expected duration of use
6. Proposed date for re-evaluation of continued need for supplies

Absorbent Products for Incontinence

Mass General Brigham Health Plan covers medically necessary absorbent products for incontinence by considering multiple criteria that include, but are not limited to, the following:

1. The member is over the age of three and presents at least one sign/symptom of untreatable incontinence that includes but is not limited to the following:
 - a. Stress—urine loss caused by increased intra-abdominal pressure
 - b. Urge—urine loss caused by involuntary bladder contraction
 - c. Mixed—urine loss caused by a combination of stress and urge incontinence
 - d. Overflow—urine loss when urine produced exceeds the bladder's holding capacity
 - e. Functional—uncontrolled or continuous leakage caused by neurological dysfunction, abdominal surgeries, or anatomical defects
 - f. Fecal—feces loss caused by involuntary loss of control of lower gastrointestinal tract.
2. A focused medical history and targeted physical exam have been conducted to detect factors contributing to urinary incontinence that, if treated, could improve or eliminate the member's incontinence. Such factors include, but are not limited to:



- a. Symptomatic urinary tract infection
 - b. Evidence of atrophic urethritis/vaginitis
 - c. Medication regimens that include diuretics, drugs that stimulate or block the sympathetic nervous system, or psychoactive medications
 - d. Medical conditions, such as delirium, fecal impaction, psychosis, diabetes, morbid obesity, delayed developmental skills, Parkinson's disease, or other neurological diseases that affect motor skills
 - e. Environmental conditions (for example, impaired mobility, lack of access to a toilet, restraints, restrictive clothing, or excessive beverage intake)
 - f. Social circumstances that prevent personal hygiene (e.g., homelessness or inconsistent caregiver support for toileting)
3. The prescribing provider has conducted the appropriate diagnostic tests and the results have been reported. Such tests may include but are not limited to:
- a. Urinalysis/culture and sensitivity
 - b. Urological testing and/or consultation
 - c. Rectal exam
 - d. Pelvic exam in women
 - e. Developmental assessment and prognosis in children
4. The member's specific conditions leading to or contributing to urinary incontinence have been identified and documented; including but not limited to:
- a. Urological disorders
 - b. Impaired cognitive function
 - c. Neurological disorders
 - d. Impaired mobility
5. Treatments (for example, behavioral techniques, pharmacologic therapy, and/or surgical intervention) to manage symptoms of incontinence have been tried and failed or only been partially successful. The provider must include evidence of documentation of regular monitoring of responsiveness to such treatments.
6. The provider determines that the product is necessary to manage observable symptoms of incontinence in circumstances where the member or caregiver (family member or guardian) refuses to have a medical history taken, physical exam conducted, and/or accept treatments for incontinence. Documentation that the member or caregiver refused examination "against medical advice" must be provided.

Mass General Brigham Health Plan covers diapers and specialty absorbent products such as pull-up/pull-on products, inserts/liners, underpads/bed pad/mattress protector, and reusable underpads.

Specialty Absorbent Products

1. Coverage for pull-up-style diapers may be considered only when the member meets all of the following criteria:
 - a. The member has a medical condition that causes incontinence
 - b. The member participates or has participated in a clinician-designed behavioral toileting program unless such participation is impractical
 - c. The member has the cognitive ability and physical strength, agility, and dexterity to stand up and put on pull-up style diapers without assistance
 - d. The member is able to ambulate and is not bedridden

Note: Requests for specialty briefs must be substantiated by clinical evidence that indicates why this product type offers a distinct advantage over the less-costly options.



2. Liners/inserts may be considered when documentation evidences that the member experiences light and infrequent incontinence.
3. Underpads /bed pads/ mattress protector may be considered only when the member meets one of the following criteria:
 - a. The member is using absorbent diapers/pull-ups and reports leakage when seated or lying down
 - b. The member reports leakage when there is an indwelling catheter
 - c. The member is unable to reposition independently

Note: Reusable underpads/bed pads may be used alone when there is minimum urine leakage, or for aid in the lifting and repositioning of the member, as well as for protection of bedding, furniture, and medical equipment. Reusable underpads/bed pads may be used in conjunction with disposable underpads/bed pads when the member reports high volume of urine or fecal leakage. This must be documented with clinical observations and/or notes by the prescribing provider.

Disposable bed pads/under pads may be used alone when there is frequent urine or fecal leakage.

Disposable underpads/bed pads may be used in conjunction with reusable underpads/bed pads when there is evidence of high volume of urine or fecal leakage. This must be documented with clinical observations and/or notes by the prescribing provider.

Quantity Limits:

Disposable diapers	248 per month
Disposable pull on diapers	248 per month
Disposable liners	248 per month
Reusable diapers	60 per month
Reusable pull on products	5 per 3 months
Reusable bed pads	2 per month
Reusable chair pads	12 per month

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

Authorized Codes	Code Description
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A4554	Disposable underpads, all sizes
T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large, each
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each



T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4537	Incontinence product, protective underpad, reusable, bed size, each
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4540	Incontinence product, protective underpad, reusable, chair size, each
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small size, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each
T4545	Incontinence product, disposable, penile wrap, each

Exclusions

Coverage exclusions for absorbent products for incontinence include but are not limited when:

1. The member is receiving care in a skilled nursing facility or inpatient hospital.
2. No medical history or physical examination has been taken, and there is no information that supports the need for absorbent products.
3. No treatment has been initiated for possible reversible factors.
4. The member has signs/symptoms of incontinence that are not associated with a medical condition or developmental disability.
5. The member is using a well-functioning permanent or temporary device, such as a catheter, to manage incontinence.
6. The supplies are used solely for the management of nocturnal enuresis.
7. Coverage is requested for common household and personal hygiene items generally used by the public, such as washcloths, wet wipes, and non-sterile swabs.



Note: OTC emollients are included only to the extent that they are included in the OTC Pharmacy benefit.

Definitions

Absorbent Products: Supplies used in the management of incontinence including, but not limited to, pads, undergarments (disposable or re-usable), diaper shields, combination pad-pant system, bed pads, etc. Wipes are not included as part of this benefit. OTC emollients are included only to the extent that they are included in the OTC formulary.

Types of Absorbent Products:

Diapers: Protective underwear with self-adhesive tabs and elastic leg gathers to improve fit and prevent leakage; used for light to heavy incontinence.

Specialty absorbent products:

Pull-up/pull-on products: Protective underwear that the user may pull up or down as needed and that is held in place by its own straps, buttons, snaps, Velcro or slip-on feature; generally used for moderate incontinence.

Inserts/Liners: Absorbent sanitary napkins or inserts generally used for light and infrequent incontinence.

Underpads/Bed pad/Mattress protector: Flat pad with absorbent filler and waterproof backing, designed to protect bedding, furniture and medical equipment. Pads are available in various sizes and absorbencies.

Reusable underpads have a higher absorbency and therefore may be used in conjunction with disposable pads when there is evidence of high volume of urine or fecal leakage. Large pads can be used to aid in lifting and repositioning of patients.

Effective

May 2023: Annual update. Added medicare advantage to table 1. References updated.

May 2022: Annual update.

September 2021: Annual update.

October 2020: Annual update. Added fecal incontinence as covered criteria. Removed Fecal incontinence exclusion. References updated.

September 2019: Annual update.

March 2018: Annual update. Codes added.

April 2017: Annual update.

April 2016: Annual update.

April 2015: Annual update

March 2014: Annual update.

May 2013: Correction.

March 2013: Annual update.

March 2012: Annual update.

March 2011: Annual update.

March 2010: Annual update.

March 2009: Annual update.

March 2008: Annual update.

March 2007: Annual update.

March 2006: Annual update.

March 2005: Policy Effective.

References:

MassHealth Guidelines for Medical Necessity Determination for Absorbent Products policy, effective 8/15/2011, last updated 4/2018, accessed 2021



MassHealth ACO Contract Section 2.6D

Commonwealth of Massachusetts. Executive Office of Health and Human Services. MassHealth DME & Oxygen Payment and Coverage Guideline Tool. Available at <https://www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools#masshealth-durable-medical-equipment-and-oxygen-payment-and-coverage-guideline-tool->. Last accessed August 4, 2021.

Noridian Healthcare Solutions, LLC. Local Coverage Determination (LCD): Bowel Management Devices (L36267). Revision Effective Date: 10/01/2021. Available:
<https://med.noridianmedicare.com/web/jddme/policies/lcd/active>

Noridian Healthcare Solutions, LLC. Local Coverage Determination (LCD): Urological Supplies (L33803). Revision Effective Date: 04/01/2021. Available: <https://med.noridianmedicare.com/web/jddme/policies/lcd/active>

