

**Policy: MP274**

**Section: Medical Benefit Policy**

**Subject: Diapers and Incontinence Supplies**

### Applicable Lines of Business

<b>Commercial</b>	<b>X</b>	<b>CHIP</b>	<b>X</b>
<b>Medicare</b>	<b>X</b>	<b>ACA</b>	<b>X</b>
<b>Medicaid</b>	<b>X</b>		

### I. Policy: Diapers and Incontinence Supplies

#### II. Purpose/Objective:

To provide a policy of coverage regarding Diapers and Incontinence Supplies

#### III. Responsibility:

- A. Medical Directors
- B. Medical Management

#### IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

#### V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

#### Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

**INDICATIONS: Requires Prior Authorization by a Plan Medical Director or Designee**

**Generic Disposable Diapers, and disposable Under Pads are covered when the following criteria are met:**

- The insured individual is three years of age or older; and there is physician documentation of one of the following types of urinary 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 incontinence

**or**

  - Fecal incontinence

**and**
- Physician documentation of a history and physical exam to detect contributing factors and reversible causes such as:
  - 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)

**and**
- Physician documentation of results of diagnostic testing as deemed appropriate by the ordering provider. (Examples include: pelvic exam in women, rectal exam, urinalysis with culture and sensitivity, urologic testing and/or consultation, developmental assessment in children);

**and**

- There is 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;

**and**

- Physician documentation that pharmacologic therapy and/or surgical intervention to manage symptoms of incontinence have failed or are contraindicated;

**and**

- the physician submits a prescription which includes the following information:
  - A diagnosis of medical condition causing the incontinence.
  - The item(s) to be dispensed, the number that will be used per day, and anticipated duration of need.
  - The quantity of item(s) requested.

**Pull on briefs are covered for a six-month period if all the following criteria apply:**

- Physician documentation of a medical condition causing bowel/bladder incontinence; and
- The insured individual is actively participating in a bowel/bladder training program

For continued coverage beyond initial six months, a reassessment must be completed every six months.

**LIMITATIONS**

Diapers and Pull-up Briefs — for the insured individual using both diapers and pull on briefs, the total quantity of these items combined cannot exceed 300 per month. Any request for an amount beyond the 300 limit will require documentation of medical necessity and review by the GHP Family Medical Director.

Diapers of Different Sizes — for an insured individual using a combination of different sized diapers, the total quantity must not exceed 300 per month.

Under pads are limited to 180 per 90 days.

**EXCLUSIONS:**

For GHP Family, 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.

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

**CODING ASSOCIATED WITH: Diapers and Incontinence Supplies**

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

- A6250 Skin sealants, protectants, moisturizers, ointments, any type, any size
- A4520 incontinence garment, any type, (e.g., brief, diaper), each
- A4554 Disposable underpads, all sizes
- S5199 Personal care item, NOS, each (bill for incontinence wipes)
- 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
- T4541 Incontinence product, disposable underpad, large, each
- T4542 Incontinence product, disposable underpad, small size, each
- T4543 Disposable incontinence product, brief/diaper, bariatric, each
- T4544 adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

**LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

**REFERENCES:**

MAB 99-14-04 (effective 6/23/14)

MAB 25-07-07 (effective 1/1/08)

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 2/13

**Revised:** 9/14

**Reviewed:** 2/14, 9/15, 9/16, 8/17, 8/18, 8/19, 8/20, 8/21, 8/22

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.