

INCONTINENCE SUPPLIES FOR MEDICAID MEMBERS

Effective Date: December 23, 2013

Review Dates: 1/05, 12/05, 12/06, 12/07, 12/08, 12/09,
12/10, 12/11, 12/12, 12/13, 2/15, 2/16, 2/17, 8/17, 2/18,
2/19

Date Of Origin: January 19, 2005

Status: Current

I. POLICY/CRITERIA

A. **Incontinence supplies** are covered when the physician writes a prescription for the supplies which includes the following:

1. Diagnosis of medical condition causing the incontinence.
2. Item to be dispensed and duration of need.
3. Quantity of item and anticipated frequency the item requires replacement.
4. Supplies must be obtained at an authorized Priority Health Medicaid provider.

B. **Diapers, incontinence pants, liners, and belted/unbelted undergarments without sides** are covered for individuals **age three or older if both** of the following applies:

1. A medical condition resulting in incontinence and there is no response to a bowel/bladder training program.
2. The medical condition being treated results in incontinence, and beneficiary would not benefit from or has failed a bowel/bladder training program.

C. **Pull on briefs** are covered for beneficiaries ages 3 through 20 when there is the presence of a medical condition causing bowel/bladder incontinence, and one of the following applies:

1. The beneficiary would not benefit from a bowel/bladder program but has the cognitive ability to independently care for his/her toileting needs, **or**
2. The beneficiary is actively participating and demonstrating definitive progress in a bowel/bladder program.

Pull on briefs are covered for beneficiaries age 21 and over when there is the presence of a medical condition causing bowel/bladder incontinence and the beneficiary is able to care for his/her toileting needs independently or with minimal assistance from a caregiver

Pull-on briefs are considered a short-term transitional product that requires a reassessment every six months. The assessment must detail definitive progress being made in the bowel/bladder training.

- D. **Incontinence wipes** are covered when necessary to maintain cleanliness outside of the home. This item is limited to two boxes per month and there must be documentation of need for this item.
- E. Intermittent catheters are covered when catheterization is required due to severe bladder dysfunction. Hydrophilic-coated intermittent catheters are considered for individuals that have mitrofanoff stomas, partial stricture or small, tortuous urethras.
- F. Disposable under pads are covered for beneficiaries of all ages with a medical condition resulting in incontinence.
- G. Limitations:
 1. **Diapers and Pull-up Briefs** — for the beneficiary using both diapers and pull on briefs, the combined total quantity of these items cannot exceed 300 per month. (The maximum amount of pull-on briefs is 150 per month even if the beneficiary is not using diapers).
 2. **Diapers of Different Sizes** — for a beneficiary using a combination of different sized diapers, the total quantity must not exceed 300 per month.
 3. **Incontinence Wipes** — only covered for times when member is away from home. This supply is limited to two boxes per month.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

This policy applies to Medicaid/Healthy Michigan Plan members only. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Priority Health Medicaid provides benefits for incontinence supplies. Incontinence supplies are items used to assist individuals who are unable to

control excretory functions. The type of coverage for incontinence supplies may be dependent on the success or failure of a bowel/bladder training program.

V. CODING INFORMATION

ICD-10 Codes that may support medical necessity:

- N39.3 Stress incontinence (female) (male)
- N39.41 Urge incontinence
- N39.42 Incontinence without sensory awareness
- N39.43 Post-void dribbling
- N39.45 Continuous leakage
- N39.46 Mixed incontinence
- N39.490 Overflow incontinence
- N39.498 Other specified urinary incontinence
- R15.0 Incomplete defecation
- R15.1 Fecal smearing
- R15.2 Fecal urgency
- R15.9 Full incontinence of feces
- R32 Unspecified urinary incontinence

CPT/HCPCS Codes

- A4310 Insertion tray without drainage bag and without catheter (accessories only)
- A4311 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)
- A4312 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
- A4313 Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
- A4314 Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)
- A4315 Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
- A4316 Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation

- A4320 Irrigation tray with bulb or piston syringe, any purpose
- A4322 Irrigation syringe, bulb or piston, each

- A4326 Male external catheter with integral collection chamber, any type, each
- A4328 Female external urinary collection device; pouch, each
- A4330 Perianal fecal collection pouch with adhesive, each

- A4331 Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each

- A4333 Urinary catheter anchoring device, adhesive skin attachment, each
- A4334 Urinary catheter anchoring device, leg strap, each

- A4335 Incontinence supply; miscellaneous

- A4338 Indwelling catheter; Foley type, 2-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
- A4340 Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each
- A4344 Indwelling catheter, Foley type, 2-way, all silicone, each
- A4346 Indwelling catheter; Foley type, 3-way for continuous irrigation, each

- A4349 Male external catheter, with or without adhesive, disposable, each
- A4351 Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
- A4352 Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
- A4353 Intermittent urinary catheter, with insertion supplies

- A4354 Insertion tray with drainage bag but without catheter

- A4355 Irrigation tubing set for continuous bladder irrigation through a 3-way indwelling Foley catheter, each
- A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
- A4358 Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each

- A4520 Incontinence garment, any type, (e.g., brief, diaper), each
- A5112 Urinary leg bag; latex
- A5120 Skin barrier, wipes or swabs, each
- A5200 Percutaneous catheter/tube anchoring device, adhesive skin attachment
- A6250 Skin sealants, protectants, moisturizers, ointments, any type, any size
- 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, and small size, each
- T4526 Adult sized disposable incontinence product, protective underwear/pull-on, and medium size, each
- T4527 Adult sized disposable incontinence product, protective underwear/pull-on, and large size, each
- T4528 Adult sized disposable incontinence product, protective underwear/pull-on, and extra-large size, each

- T4529 Pediatric sized disposable incontinence product, brief/diaper, and small/medium size, each
- T4530 Pediatric sized disposable incontinence product, brief/diaper, and large size, each
- T4531 Pediatric sized disposable incontinence product, protective underwear/pull-on, and small/medium size, each

- T4532 Pediatric sized disposable incontinence product, protective underwear/pull-on, and 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

Not Covered

- A4321 Therapeutic agent for urinary catheter irrigation
- A4327 Female external urinary collection device; metal cup, each
- A4332 Lubricant, individual sterile packet, each
- A4356 External urethral clamp or compression device (not to be used for catheter clamp), each
- A4554 Disposable underpads, all sizes (*use T4541, T4542*)
- A5102 Bedside drainage bottle, with or without tubing, rigid or expandable, each
- A5105 Urinary suspensory; with leg bag, with or without tube
- T4545 Incontinence product, disposable, penile wrap, each

VI. REFERENCES

Michigan Medicaid Provider Manual

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