



*Harmony Behavioral Health, Inc.*

*Harmony Behavioral Health of Florida, Inc.*

*Harmony Health Plan of Illinois, Inc.*

*HealthEase of Florida, Inc.*

*'Ohana Health Plan, a plan offered by  
WellCare Health Insurance of Arizona, Inc.*

*WellCare Health Insurance of Illinois, Inc.*

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*WellCare Prescription Insurance, Inc.*

## **Absorbent Products – Hawai'i**

**Policy Number: HS-169**

**Original Effective Date: 5/13/2010**

**Revised Date(s): 5/13/2011**

### **DISCLAIMER**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

### **APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

## **BACKGROUND**

These guidelines for Medical Necessity Determination identify the clinical information Ohana Health Plan needs to determine medical necessity for absorbent products. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs from other States.

Providers should consult the Medicaid Provider Manual for information about coverage, limitations, service conditions, and other prior-authorization requirements. Providers participating in Ohana Health Plans should refer to the Ohana Health Plans prior authorization policies for covered services.

Ohana Health Plan reviews requests for prior authorization on the basis of medical necessity. If Ohana Health Plan approves the request, payment is still subject to all general conditions of Ohana Health Plan, including member eligibility, other insurance, and program restrictions.

These guidelines apply to absorbent products used for managing urinary incontinence in pediatric, adult, and elderly persons. Urinary incontinence is defined as unintentional loss of urine due to lower urinary tract malfunctions. General signs and symptoms of incontinence can include reported wet clothes or diapers, reported bed-wetting, observed wet clothes, diapers, or briefs, and/or direct observation of urine loss.

Incontinence is a symptom associated with a broad range of medical conditions, including neurological diseases, injuries to the pelvic region or spinal cord, congenital anomalies, infections, and degenerative changes associated with aging.

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.

## **POSITION STATEMENT**

**Ohana Health Plan bases its determination of medical necessity for absorbent products on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the product. These criteria include, but are not limited to, the following:**

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:
  - 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; **AND**,
  - e. Total – uncontrolled or continuous leakage caused by neurological dysfunction, abdominal surgeries, or anatomical defects.
  
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 (UTI, edema);
  - 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); **AND**,
  - f. Social circumstances that prevent personal hygiene (for example, homelessness or inconsistent caregiver support for toileting).
3. The risk factors for developing urinary incontinence have been identified and documented. Such risk factors include, but are not limited to:
    - a. urological disorders;
    - b. impaired cognitive function;
    - c. neurological disorders; **AND**,
    - d. impaired mobility.
  4. Tests deemed appropriate by the prescribing clinician have been conducted and 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; **AND**,
    - e. Developmental assessment and prognosis in children.
  5. 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.
  6. Urinary incontinence is accompanied by fecal incontinence.
  7. The prescribing clinician or the service coordinator 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 or assessment "against medical advice" or "unable to contact" must be provided.
  8. Specialty briefs (for example, pull-up-style diapers) may be considered only when the member meets **ALL** of the following criteria:
    - The member has a medical condition or developmental disability that causes incontinence and participates in a clinician-designed behavioral toileting program; **AND**,
    - The member has the strength, agility, and dexterity to stand up and pull them on themselves; **AND**,
    - The member is able to ambulate and is not bedridden; **AND**,
    - 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.

## **NONCOVERAGE**

**Ohana Health Plan does not consider absorbent products to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following:**

1. The member is using a permanent or temporary device, such as a catheter, to manage incontinence.

2. A focused medical history and targeted physical examination have identified possible reversible factors, but no treatment to manage the incontinence (for example, behavioral, pharmacologic, or surgical intervention) has been initiated.
3. No medical history has been taken, no physical examination has been performed, and there is no documentation that supports the need for absorbent products/supplies.
4. Absorbent products are used primarily for managing fecal incontinence and where other medical or surgical alternatives have not been tried to correct or control fecal incontinence.
5. The member has signs/symptoms of incontinence that are not associated with a medical condition.

### **SUBMITTING CLINICAL DOCUMENTATION**

**Requests for prior authorization for absorbent products must be accompanied by clinical documentation from the Service Coordinator or the provider that supports the medical necessity for this product. All absorbent products in excess of the limits determined by the plan require prior authorization.**

**Documentation of medical necessity must include all of the following:**

- The primary diagnosis name and ICD-9-CM code specific to the type of incontinence for which the item is required; **AND**,
- The secondary diagnosis name and ICD-9-CM code specific to the comorbid conditions; **AND**,
- Clinical signs and symptoms of incontinence; **AND**,
- Comprehensive medical history and physical exam; **AND**,
- Risk factors for developing urinary incontinence (as indicated in Section II.A.3 of these Guidelines); **AND**,
- Documentation of past and current treatment regimens, including possible reversible factors; **AND**,
- Responsiveness to behavioral, pharmacologic, and/or surgical treatments; **AND**,
- The amount and estimated duration of the need for absorbent products.

Clinical information should be submitted to Ohana Health Plan using the HCBS or [Prior Authorization Request form](#). These forms must be completed by the prescribing physician or clinical staff involved in the member's care. A written prescription signed by a licensed physician or nurse practitioner must also accompany the forms. For instructions and forms on prior authorization, go to [www.ohanahealthplan.com](http://www.ohanahealthplan.com).

A new or updated prior-authorization request for absorbent products must be submitted to continue the use of absorbent products before the expiration of the current prior authorization.

### **CODING**

**CPT® Codes** - Not applicable

**ICD-9-CM Procedure Codes** - Not applicable

### **Covered HCPCS Level II ® Codes**

- 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, each
- T4526** Adult sized disposable incontinence product, protective underwear / pull on, medium, each
- T4527** Adult sized disposable incontinence product, protective underwear / pull on, large, each
- T4528** Adult sized disposable incontinence product, protective underwear / pull on, extra large, each

- T4529** Pediatric sized disposable incontinence product, brief / diaper, small / medium, each
- T4530** Pediatric sized disposable incontinence product, brief / diaper, large, each
- T4531** Pediatric sized disposable incontinence protective underwear / pull on, small / medium, each
- T4532** Pediatric sized disposable incontinence protective underwear / pull on, large, 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** Reusable Incontinence product, protective underwear / pull on, any size, each
- T4537** Reusable Incontinence product, protective underpad, bed size, each
- T4539** Reusable Incontinence product, diaper / brief, any size, each
- T4540** Reusable Incontinence product, protective underpad, chair size, each
- T4541** Incontinence product, disposable underpad, large, each
- T4542** Incontinence product, disposable underpad, small, each

**Covered ICD-9-CM Diagnosis Codes**

- 625.6** Female Stress Incontinence – involuntary leakage of urine due to insufficient sphincter control; occurs upon sneezing, laughing, coughing, sudden movement or lifting
- 788.30** Urinary Incontinence – active or unspecified
- 788.31** Urge Incontinence – inability to control urination, upon urge to urinate
- 788.32** Male Stress Incontinence – inability to control urination associated with weak sphincter in males
- 788.33** Mixed Urinary Incontinence, urge and stress in Male or Female
- 788.34** Incontinence without sensory awareness – involuntary discharge of urine with sensory warning
- 788.35** Post-void dribbling – involuntary discharge of residual urine after voiding
- 788.36** Nocturnal enuresis – involuntary discharge of urine during the night
- 788.37** Continuous leakage – involuntary urine seepage
- 788.38** Overflow incontinence – leakage caused by pressure of retained urine in the bladder after the bladder has fully contracted due to weakened bladder muscles or an obstruction of the urethra.
- 788.39** Neurogenic Urinary Incontinence due to neurological dysfunction
- 788.91** Functional Urinary Incontinence due to cognitive impairment or severe physical disability or immobility

\*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©

**REFERENCES****Peer Reviewed**

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**Government Agencies, Professional and Medical Organizations**

N/A

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**HISTORY AND REVISIONS**

Date	Action
12/1/2011	• New template design approved by MPC.
5/13/2011	• Approved by MPC.