

## The Department of Vermont Health Access Medical Policy

**Subject: DISPOSABLE INCONTINENCE SUPPLIES**

**Last Review:** August 11, 2016

**Revision 3:**

**Revision 2:** August 26, 2015

**Revision 1:** June 10, 2014

**Original Effective:** December 2003

### Description of Service or Procedure

The Department of Vermont Health Access (DVHA) includes the following products in its coverage of disposable incontinence products: diapers, briefs, pull-up or pull-on, under pads (i.e. Chuxs), underwear liner, guard or shield. Coverage is limited to up to a total of 300 disposable incontinence products (any combination of the above) per month for beneficiaries age 3 and up. Any quantity over the limit of 300 disposable incontinence products as described above will require prior authorization for this age group. Until the age of three, the family is responsible for providing a child with the first 150 disposable incontinence products per month. A supporting medical diagnosis must be maintained on file by the dispensing vendor and submitted with each claim. Coverage for children under the age of 3 is limited to 150 per month.

### Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

### Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>



## **Coverage Position**

---

Disposable incontinence supplies may be covered for beneficiaries:

- When the incontinence supplies are prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of incontinence supplies and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.

## **Coverage Criteria**

---

Disposable incontinence supplies may be covered for beneficiaries: age three and older, up to 300 disposable incontinence products per month are allowed when clinically indicated and medically necessary. A supporting medical diagnosis must be maintained on file by the dispensing vendor and submitted with each claim.

### **EXAMPLES OF DIAGNOSES:**

For diapers or briefs, incontinence pads (i.e. Chuxs), or liners, guards, pads or shields for beneficiaries under the age of three: i.e. renal disease, diuretic use, etc. (Does not include a diagnosis of incontinence).

For diapers or briefs, incontinence pads (i.e. Chuxs), or liners, guards, pads or shields for beneficiaries age three or older: i.e. hypotonia, spinal cord injury, cerebral palsy, etc.

For pull-up or pull-on garments: i.e. Autism spectrum disorders, Down's syndrome, etc.

Medicaid Rule 7104: For pull-up diapers – These are approved for children with disabilities and daytime incontinence, age 6-21, who are accepted into a comprehensive continence training program.

## **Clinical guidelines for repeat service or procedure**

---

Prior Authorization for excess incontinence supplies will be limited to a time span of not greater than 6 months at one time and requires a current letter of medical necessity and supporting documentation.

### **REQUIRED DOCUMENTATION:**

- Current, complete Certificate of Medical Necessity AND
- Documentation by a physician who is active with the Vermont Medicaid program and knowledgeable in continence issues.

## **References**

---

Comprehensive continence program. (2014). University of Southern California. Retrieved July 12, 2016 from: <http://www.keckmedicine.org/continence/>

Kroeger, K. & Sorensen-Burnworth, R. (2009). Toilet training individuals with autism and other developmental disabilities: A critical review. *Research in Autism Disorders*,3, 607-618

Schonwald, A. (2009). Toilet training: Strategies for success in children with developmental disabilities. *ConsultantLive: Consultant for Pediatrician*, 8(7). Retrieved July 12, 2016, from: <http://www.dsagsl.org/storage/-Toilet-Training--Strategies-for-Success-in-Children-With--Developmental-Disabilities.pdf>

Thiedke, C. (2001). Sleep disorders and sleep problems in childhood. *American Family Physician*, 63(2). Retrieved July 12, 2016, from: <http://www.aafp.org/afp/2001/0115/p277.pdf>

Urinary incontinence in children. (2012). National Kidney and Urologic Diseases Clearinghouse. Retrieved July 12, 2016, from: <http://kidney.niddk.nih.gov/kudiseases/pubs/uichildren/>

Voiding dysfunction in children. (2010). The Cleveland Clinic Foundation. Retrieved July 12, 2016 from: <https://my.clevelandclinic.org/childrens-hospital/health-info/diseases-conditions/hic-Voiding-Dysfunction-in-Children>

Wu, H. (2010). Achieving urinary continence in children. Incontinence in medical disorders. *Medscape*. Retrieved June 9, 2015, from: [http://www.medscape.org/viewarticle/722857\\_6](http://www.medscape.org/viewarticle/722857_6)

*This document has been classified as public information.*