

The Department of Vermont Health Access Clinical Criteria

Subject: Disposable Incontinence Supplies

Last Review: August 15, 2023*

Past Revisions: January 1, 2022, July 22, 2020, November 28, 2017, August 11, 2016, August 26, 2015, June 10, 2014, and December 2003

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Urinary incontinence is described as the involuntary leakage of urine. The management of urinary incontinence will vary depending on the type and severity of symptoms. Fecal incontinence is the involuntary leakage of stool.

There are several types and causes of incontinence and proper assessment is crucial to determine the best incontinence supply needed. Incontinence significantly affects daily living and may impact quality of life.

Effective August 15, 2023, all medically necessary incontinence products for Vermont Medicaid members be supplied for members who have persistent incontinence despite all appropriate treatments. These will be distributed only via contracted incontinence supply provider, named ActivStyle. Disposable incontinence supplies include the following products:

- Diapers
- Briefs (either pull-up or pull-on)
- Under pads (i.e., Chuxs)
- Underwear liners (guard or shield)

Providers may submit member prescriptions, standard written orders, and any other intake-related documentation via email to NewOrderCM@activstyle.com or via fax to 1-888-614-4635.

Visit the [ActivStyle website](http://www.activstyle.com).

<https://www.activstyle.com/vermont-medicaid-incontinence-program/>

This information is also available on the DVHA Member Webpage

<https://dvha.vermont.gov/members/incontinence-supplies>

For member-related additional questions, contact the Green Mountain Care Customer Support Center at 1-800-250-8427.



Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules 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

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

7102.2 Prior Authorization Determination

4.101 Medical Necessity for Covered Services

4.104 Medicaid Non-Covered Services

4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

Coverage Position

Disposable incontinence supplies may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding incontinence supplies and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Coverage Criteria

The member must have a diagnosis of an underlying medical condition that involves loss of bladder or bowel control to be eligible for covered incontinence products. This includes the pediatric, young adult, and older adult members.

Coverage is limited to a total of 300 disposable incontinence products (any combination listed below) per month for members ages 3 and up.

- Diapers
- Briefs (either pull-up or pull-on)
- Under pads (i.e., Chuxs)
- Underwear liners (guard or shield)

Pull-up diapers are approved for children with disabilities and daytime incontinence, age 6-21, who are accepted into a comprehensive continence training program. See [Vermont Medicaid Rule 7104](#) for information about coverage exception requests.

Until the age of 3, the family is responsible for providing a child with the first 150 disposable incontinence products per month. The DVHA may pay up to 150 units per month when clinically indicated and medically necessary. Applicable ICD-10 diagnosis codes: N139, Q642, Q6433, N186,

Q6431, Q6439, P9160, Q6432, N189, G800, G808, Q058, Q059, Q0700, Q070,1 Q055, Q056, Q057, F840, N31.9, N13.70, E23.2, N25.1, Q81.9. This list may not be all inclusive.

These quantity limitations serve as guidance for all Vermont Medicaid members (regardless of ACO attribution status) with the expectation that providers document medical necessity to justify services or items provided in excess of these quantity limitations. This medical documentation submitted by the provider must be kept in the member's chart for audit purposes.

See the DME Limitation List at the link below.

[DME Limitations Guidelines | Department of Vermont Health Access](#)

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception: Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

Incontinence supplies can be delivered monthly, every other month, or quarterly.

Type of service or procedure not covered (this list may not be all inclusive)

- Disposable wipes and washcloths
- Members who are receiving care in skilled nursing facilities or inpatient hospitals. Supplies are reimbursed as part of the facility's daily rate and are not reimbursable separately.
- Cloth diapers or use of a diaper service for cloth diapers
- Feminine hygiene products
- Shipping costs

Coding guidelines

Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

References

American Cancer Society. (2020, February 1). *Bladder and bowel incontinence*.

<https://www.cancer.org/cancer/managing-cancer/side-effects/stool-or-urine-changes/bladder-incontinence.html>

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