

The Department of Vermont Health Access Clinical Criteria

Subject: Disposable Incontinence Supplies

Last Review: January 20, 2022*

Past Revisions: 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

The Department of Vermont Health Access (DVHA) includes the following products in its coverage of disposable incontinence products: diapers, briefs, (**either** pull-up or pull-on), under pads (i.e. Chuxs), underwear liner, guard or shield. Coverage is limited up to a total of 300 disposable incontinence products (any combination of the above) per month for beneficiaries aged 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 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

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

Medicaid Rules

7102.2

Prior Authorization Determination

HCAR 4.101

Medical Necessity for Covered Services



Coverage Position

Disposable incontinence supplies may be covered for beneficiaries:

- 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 beneficiary AND
- When the clinical criteria below are met.

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

Coverage Criteria

Disposable incontinence supplies may be covered for beneficiaries:

Age three or older:

When diapers, briefs, incontinence pads (i.e. Chuxs) or liners, guards, pads or shields are needed, there may be a diagnosis of hypotonia, spinal cord injury, cerebral palsy, etc. (This list is not all inclusive).

When pull-up or pull-on garments are needed, there may be a diagnosis of autism spectrum disorder, Down's syndrome, etc. This list is not all inclusive).

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

Under the age of three:

When diapers, briefs incontinence pads (i.e. Chuxs) or liners, guards, pads or shields are needed, there may be a diagnosis of renal disease, diuretic use, etc. This list is not all inclusive and does not include a diagnosis of incontinence).

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.

Clinical criteria for repeat service or procedure

Prior Authorization for excess incontinence supplies requires a current medical necessity and supporting documentation **from the treating physician.**

References

Center for Medicare and Medicaid Services. Early and Periodic Screening, Diagnostic, and Treatment. Retrieved August 22, 2019, from: <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

Comprehensive continence program. (2014). University of Southern California. Retrieved September 5, 2017 from: <http://www.keckmedicine.org/continence/>

Imamura, M., Williams, K., Wells, M., & McGrother, C. Lifestyle interventions for the treatment of urinary incontinence in adults (review). In: The Cochrane Library, Issue 12, 2015. Chichester: Wiley.

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 September 5, 2017, 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 September 5, 2017, from: <http://www.aafp.org/afp/2001/0115/p277.pdf>

Urinary incontinence in children. (2012). National Kidney and Urologic Diseases Clearinghouse. Retrieved September 5, 2017, from: <http://kidney.niddk.nih.gov/kudiseases/pubs/uichildren/>

Voiding dysfunction in children. (2010). The Cleveland Clinic Foundation. Retrieved September 5, 2017 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

This document has been classified as public information.