

## Medical Necessity Guidelines: Absorbent Products

Effective: July 17, 2019

<b>Prior Authorization Required</b> If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
<p><b>Applies to:</b></p> <p><b>COMMERCIAL Products</b></p> <p><input type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <p><input type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> <li>• CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b></p> <p><input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</p> <p><input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</p> <p><input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304</p> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b></p> <ul style="list-style-type: none"> <li>• Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>• Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

### OVERVIEW

Absorbent products are used for managing urinary and/or fecal incontinence in pediatric, adult, and elderly persons. Incontinence is defined as unintentional loss of urine and/or feces due to lower urinary tract, or lower gastrointestinal tract, malfunctions, respectively. General signs and symptoms of incontinence may include reported wet or soiled clothing or diapers; reported bedwetting; observed wet or soiled clothes, diapers, or briefs; and/or direct observation of urine or fecal 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.

### Types of Absorbent Products

Absorbent products are defined as diapers or brief-like garments, underpads, liners, and shields used to contain and/or manage symptoms of incontinence. Absorbent products may be disposable or reusable/washable, and are categorized as follows:

1. **Diapers:** protective underwear with self-adhesive tabs and elastic leg gathers to improve fit and prevent leakage. Used for light-to-heavy incontinence.
2. **Pull-up/pull-on products:** protective underwear that the user may pull up or down as needed and that is held in place by its own straps, buttons, snaps, Velcro, or slip-on feature. Generally used for moderate incontinence.
3. **Inserts/liners:** absorbent sanitary napkins or inserts generally used for light and infrequent incontinence.
4. **Underpad/bedpad/mattress protector:** flat pad with absorbent filler and waterproof backing, designed to protect bedding, furniture, and medical equipment. Pads are available in various sizes and absorbencies. Reusable underpads have a higher absorbency and therefore may be used in conjunction with disposable pads when there is evidence of high volume of urine or fecal leakage. Large pads may be used to aid in the lifting and repositioning of patients.

## CLINICAL COVERAGE CRITERIA

- The Member is older than three years of age, has a factor known to be associated with incontinence, and presents **at least one** sign/symptom of daytime incontinence, which includes, but is not limited to, the following:

**Stress**—urine loss caused by increased intra-abdominal pressure;

**Urge**—urine loss caused by involuntary bladder contraction;

**Mixed**—urine loss caused by a combination of stress and urge incontinence;

**Overflow**—urine loss when urine produced exceeds the bladder's holding capacity;

**Functional**—uncontrolled or continuous leakage caused by neurological dysfunction, abdominal surgeries, or anatomical defects; and

**Fecal**—feces loss caused by involuntary loss of control of lower gastrointestinal tract;

### AND

- A focused medical history and targeted physical exam have been conducted to detect factors contributing to urinary and/or fecal incontinence that, if treated, could improve or eliminate the Member's incontinence. Such factors include, but are not limited to, the following:
  - Symptomatic urinary tract infection (UTI);
  - Evidence of atrophic urethritis/vaginitis;
  - Medication regimens that include diuretics, drugs that stimulate or block the sympathetic nervous system, or psychoactive medications;
  - 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;
  - Environmental conditions (for example, impaired mobility, lack of access to a toilet, restraints, restrictive clothing, or excessive fluid intake); and
  - Social circumstances that prevent personal hygiene (for example, homelessness or inconsistent caregiver support for toileting);

### AND

- The risk factors for developing urinary or fecal incontinence have been identified and documented. Such risk factors include, but are not limited to, the following:
  - Urological disorders;
  - Impaired cognitive function;
  - Neurological disorders; and
  - Impaired mobility;

### AND

- Tests deemed appropriate by the prescribing clinician have been conducted and results have been reported. Such tests may include, but are not limited to, the following:
  - Urinalysis/culture and sensitivity;
  - Urological testing and/or consultation;
  - Rectal exam;
  - Pelvic exam in women; and
  - Developmental assessment and prognosis in children;

### AND

- Treatments (for example, behavioral techniques, pharmacologic therapy, and/or surgical intervention), when appropriate to the clinical situation, to manage symptoms of incontinence have been attempted and failed or have been only partially successful;

### OR

- The prescribing provider 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 treatments accepted for incontinence. Documentation that the Member or caregiver refused a medical history, examination, and/or treatment must be provided. The Member must still be seen by the provider even if the history, examination, and care are refused.

### **Criteria for Specific Products**

**Pull-up/pull-on products** may be considered only when the Member meets **all** of the following criteria:

- The Member has a medical condition that causes incontinence;
- The Member has participated or is participating in a toileting-assistance program, unless such participation is impractical for reasons described in the prescribing provider's documentation;
- The Member has the cognitive and physical ability to pull up and take off the diaper on his or her own; and
- The Member is able to ambulate and is not bedridden.

**Linners/inserts** may be considered when documentation evidences that the Member experiences light and infrequent incontinence.

**Underpads/bedpads** may be considered only when the Member meets **one** of the following criteria.

- The Member is using absorbent diapers/pull-ups and reports leakage when seated or lying down;
  - The Member reports leakage when there is an indwelling catheter, and the catheter has been assessed for any malfunction; appropriate attempts have been made to correct the leakage; and it has been documented that the leakage is not attributable to the catheter; or
  - The Member is unable to reposition independently.
- **Reusable underpads/bedpads** may be used alone when there is minimum urine leakage, or for aid in the lifting and repositioning of the Member, as well as for protection of bedding, furniture, and medical equipment. Reusable underpads/bedpads may be used in conjunction with disposable underpads/bedpads when the Member reports high volume of urine or fecal leakage. This must be documented with clinical observations and/or notes by the prescribing provider.
  - **Disposable bedpads/underpads** may be used alone when there is frequent documented urine or fecal leakage that causes an unsanitary condition for the Member. Disposable underpads/bedpads may be used in conjunction with reusable underpads/bedpads when there is evidence of high volume of urine or fecal leakage. This must be documented with clinical observations and/or notes by the prescribing provider.

### **Quantities exceeding limits:**

- Quantities over the limits may be authorized for Members with medical conditions that cause frequent urination/defecation, have high output of urine or feces, or who have experienced skin breakdown when using the maximum quantity of product.
- To support a separate PA request to exceed the quantity limits, clinical documentation must be submitted with a separate PA request regarding the Member's medical condition/diagnosis, type of incontinence, other products being used, any skin breakdown issues, and whether the product being requested is clinically appropriate for the Member's needs.

**NOTE:** Please refer to the MassHealth DME & Oxygen Payment and Coverage Guideline Tool for specific quantity limits by code: [mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools#masshealth-durable-medical-equipment-and-oxygen-payment-and-coverage-guideline-tool-](https://www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools#masshealth-durable-medical-equipment-and-oxygen-payment-and-coverage-guideline-tool-)

### **LIMITATIONS**

Tufts 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:

- A Member is using a permanent or temporary device, such as a urinary catheter, to manage incontinence, unless appropriate clinical documentation is provided as evidence of why the use of the requested absorbent products simultaneously with the device is medically necessary
- The Member's medical history/physical examination identifies reversible factors to manage the incontinence (for example, behavioral, pharmacologic, or surgical intervention), unless appropriate clinical documentation is provided showing that attempts to treat reversible factor(s) have been made and failed and the absorbent products are otherwise medically necessary.
- Members who are receiving care in skilled nursing facilities or inpatient hospitals.

## CODES

The following HCPCS code(s) require prior authorization:

**Table 1: HCPCS Codes**

HCPCS Code	Description
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 size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, 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
T4537	Incontinence product, protective underpad, reusable, bed size, each
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4540	Incontinence product, protective underpad, reusable, chair size, each
T4541	Incontinence product, disposable underpad, large, each
T4542	Incontinence product, disposable underpad, small size, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each

## REFERENCES

1. Commonwealth of Massachusetts. Executive Office of Health and Human Services. MassHealth Guidelines for Medical Necessity Determination for Absorbent Products. Available at <https://www.mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-absorbent-products>. Last accessed July 21, 2020.
2. Commonwealth of Massachusetts. Executive Office of Health and Human Services. MassHealth DME & Oxygen Payment and Coverage Guideline Tool. Available at <https://www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools#masshealth-durable-medical-equipment-and-oxygen-payment-and-coverage-guideline-tool>. Last accessed July 21, 2020.

## APPROVAL HISTORY

- July 17, 2019: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC)
- July 21, 2020: References and website links updated
- July 21, 2020: Fax number for Unify updated

## BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.