Guidelines for Medical Necessity Determination for Absorbent Products

This edition of *Guidelines for Medical Necessity Determination* (Guidelines) identifies the clinical information that MassHealth 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.

Providers should consult MassHealth regulations at 130 CMR 409.000 and 450.000, Subchapter 6 of the *Durable Medical Equipment Manual*, and the *MassHealth DME and Oxygen Payment and Coverage Guidelines Tool* for information about coverage, limitations, service conditions, and other prior-authorization (PA) requirements. Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP) or managed care organization (MCO) should refer to the ACPP's or MCO's medical policies for covered services.

MassHealth regulations require PA for all absorbent products. MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

1 SECTION I. GENERAL INFORMATION

These Guidelines apply to absorbent products 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.

MassHealth considers approval for coverage of absorbent products on an individual, case-by-case basis, in accordance with 130 CMR 409.000 and 450.204.

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.

2 SECTION II. CLINICAL GUIDELINES

A. CLINICAL COVERAGE

MassHealth bases its determination of medical necessity for absorbent products on clinical data and the presence of indicators that would affect the relative risks and benefits of the product. These criteria include the severity (i.e., light, light-moderate, moderate, heavy), frequency, and type of incontinence, and also include, but are not limited to, the following.

1. 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.
    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;
    e. **Functional**—uncontrolled or continuous leakage caused by neurological dysfunction, abdominal surgeries, or anatomical defects; and
    f. **Fecal**—feces loss caused by involuntary loss of control of lower gastrointestinal tract.
2. 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.
    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 fluid 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 or fecal incontinence have been identified and documented. Such risk factors include, but are not limited to, the following.

    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, the following.

    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), when appropriate to the clinical situation, to manage symptoms of incontinence have been attempted and failed or have been only partially successful.

6. 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.

7. Pull-up/pull-on products may be considered only when the member meets all of the following criteria.

    a. The member has a medical condition that causes incontinence;

    b. 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 letter of medical necessity or Section 6, Question #7 of the *MassHealth Prescription and Medical Necessity Review Form for Absorbent Products.*

    c. The member has the cognitive and physical ability to pull up and take off the diaper on his or her own; and

    d. The member is able to ambulate and is not bedridden.

8. Liners/inserts may be considered when documentation evidences that the member experiences light and infrequent incontinence.

9. Underpads/bedpads may be considered only when the member meets one of the following criteria.

    a. The member is using absorbent diapers/pull-ups and reports leakage when seated or lying down;

    b. 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

c. The member is unable to reposition independently.

10. 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.

11. 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.

12. Quantities exceeding limits: The quantities allowable for the various types of absorbent products are described in the *MassHealth DME and Oxygen Payment and Coverage Guidelines Tool.*

a. 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.

b. 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. The overage cannot be delivered or billed on the same day without the separate PA, as it will appear as a duplicate request.

c. Providers must consult MassHealth DME regulations at 130 CMR 409.418(C) when submitting a separate PA request for amounts that exceed the maximum allowable units. See also Section III.C. of these Guidelines below.

13. The member must be reassessed every six months to determine continued need.

B. NONCOVERAGE/SERVICE LIMITATIONS

MassHealth 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. MassHealth will not cover absorbent products if 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.

2. MassHealth will not cover absorbent products if 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 evidencing that attempts to treat reversible factor(s) have been made and failed and the absorbent products are otherwise medically necessary.

3. MassHealth does not cover absorbent products for members who are receiving care in skilled nursing facilities or inpatient hospitals.

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SECTION III. SUBMITTING CLINICAL DOCUMENTATION

A. All absorbent products require PA from MassHealth. Requests for PA for absorbent products must be accompanied by clinical documentation that supports the medical necessity for the absorbent product(s) being requested and must be submitted to MassHealth in accordance with 130 CMR 409.418. As part of the PA request, the provider of DME must obtain a written prescription and letter of medical necessity signed by the member's prescribing provider. The prescription and letter of medical necessity must meet the requirements at 130 CMR 409. 416.

MassHealth encourages providers to use the *MassHealth Prescription and Medical Necessity Review Form for Absorbent Products* for this purpose. Any additional clinical documentation supporting medical necessity must be submitted with the PA request. Providers are strongly encouraged to submit PA requests electronically. All information pertinent to the request must be submitted using the Provider Online Service Center (POSC) or by completing a MassHealth *Prior Authorization Request* form (PA-1) and attaching pertinent documentation. Questions about POSC access should be directed to the MassHealth Customer Service Center at 800-841-2900.

B. Documentation of medical necessity must include all of the following.

1. Primary diagnosis name and ICD code specific to the type of incontinence for which the item is required;
2. Secondary diagnosis name and ICD code specific to the comorbid conditions, if applicable;
3. Documentation of clinical signs and symptoms of incontinence;
4. Focused medical history and physical exam. These are both required in all cases except, however, if the circumstances described in II.A.6. above are present and a medical history or physical exam could not be taken. The documentation set forth in III.B.11 below is required with respect to the one (or both) that could not be submitted;
5. Test results, if applicable (see II.A.4 above);
6. Documentation of risk factors associated with incontinence (as indicated in Section II.A.3 above);
7. Documentation of past and current treatment regimens, including possible reversible factors;
8. Documentation of responsiveness to behavioral, pharmacologic, and/or surgical treatments, and of regular monitoring of the responsiveness;
9. Documentation of the type, amount, and estimated duration of the need for absorbent products;
10. Documentation in evidence of satisfaction of the applicable conditions/criteria that MassHealth considers and requires (as specified in Section II.A. of these Guidelines) for use of the specific type of absorbent product being requested (and, if applicable, for exceeding a maximum quantity limit). See II.A 7 through 12 above. Additional documentation also may be required; and

11. If applicable, documentation that it is the prescribing provider's determination, after having seen or observed the member, that the absorbent 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, examination, and/or treatments accepted for incontinence, including documentation that the member or caregiver refused the medical history, examination, and/or treatments.

C. All absorbent products require PA from MassHealth. Requests for PA for absorbent products must be accompanied by clinical documentation that supports the medical necessity for absorbent products, as described below, and must be submitted to MassHealth in accordance with 130 CMR 450.303(B) and 130 CMR 409.418. As part of the PA request, the provider of durable medical equipment (DME) (or of service) must obtain a written prescription and letter of medical necessity signed by the member's prescribing provider. The prescription and letter of medical necessity must meet the requirements at 130 CMR 450.303(B) and 130 CMR 409.418. A provider of DME must submit the request for PA to the MassHealth agency no later than 90 calendar days from the date of the prescription.

   MassHealth will act on a completed PA request for absorbent products within 15 calendar days of receiving the request in accordance with 130 CMR 450.303(A)(4). A separate PA request must be submitted when the number of units being requested is above the allowable amount. For example, if the member's prescribing provider determines that the member requires 10 diapers per day, then the provider must submit a PA for the allowable units of eight per day, and then submit a separate PA for the additional two units per day (i.e., two units above the allowable amount of eight per day). Use the *Durable Medical Equipment and Medical Supplies General Prescription and Medical Necessity Review Form* for this purpose. Any additional clinical documentation supporting medical necessity must be submitted with the PA request.

   Providers are strongly encouraged to submit PA requests electronically, and all information pertinent to the request must be submitted using the Provider Online Service Center (POSC) or by completing a MassHealth *Prior Authorization Request* form (PA-1) and attaching the documentation. Questions about POSC access should be directed to the MassHealth Customer Service Center at 800-841-2900.

Select References

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These Guidelines are based on review of the medical literature and current practice in physical therapy. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health-care provider for guidance or explanation.

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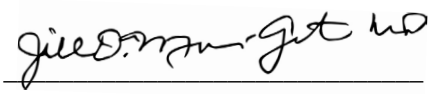
Approved by 
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