



# Guidelines for Medical Necessity Determination for Absorbent Products

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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 Guideline 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.

In 2018, MassHealth adopted minimum quality requirements for certain absorbent briefs/diapers and protective underwear/pull-ons. These standards have been updated. Please refer to [Durable Medical Equipment Bulletin 24-36](#). These requirements are based on standards of the National Association for Continence (NAFC).

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, young adult, and older adult persons. Incontinence is defined as unintentional or involuntary loss of urine and/or feces due to genitourinary or lower gastrointestinal tract malfunctions, respectively as well as inability to use the toilet appropriately due to a chronic impairment that limits physical and/or cognitive function. A common and often underreported condition, 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. Incontinence is also associated with numerous adverse outcomes and complications, such as skin problems, rashes, wounds, infections, long-term institutionalization, and decreased quality of life. 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.

Use of absorbent products is one of many potential interventions used to manage incontinence. MassHealth considers approval for coverage of absorbent products on an individual, case-by-case basis, in accordance with [130 CMR 409.000](#) and [130 CMR 450.204](#).

## TYPES OF ABSORBENT PRODUCTS

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

1. **BRIEFS/DIAPERS:** protective underwear with self-adhesive tabs and elastic leg gathers to improve fit and prevent leakage. Used for light-to-heavy incontinence.
  - a. Brief/diaper, disposable, allowable units: 8 per day or 248 per month.
  - b. Brief/diaper reusable any size, allowable units: 5 per 3 months.
2. **PROTECTIVE UNDERWEAR/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 light-to-moderate incontinence.
  - a. Protective underwear/pull on, disposable, allowable units: 8 per day or 248 per month.
  - b. Protective underwear/pull on, reusable, any size, allowable units: 5 per 3 months
3. **INSERTS/LINERS:** absorbent sanitary napkins or inserts generally used for light and infrequent incontinence.
  - a. Disposable liner/shield/pad/undergarment for incontinence, allowable units: 8 per day or 248 per month
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.
  - a. Protective underpad, disposable, large, allowable units: 8 per day or 248 per month.
  - b. Protective underpad, disposable, small, allowable units: 8 per day 248 per month.
  - c. Protective underpad, reusable, bed size allowable units: 2 per month.
  - d. Protective underpad, reusable, chair size allowable units: 2 per month.

Note: Additional medical justification is required to support a request for units in excess of the otherwise applicable number of units. A request for approval of additional units can be included in an initial PA request. If the medical need for additional units arises during an existing PA period, providers should submit a new PA request for the number of units over the amount in the existing PA. Similarly, for members whose size has changed, providers should submit a new PA request for the new size.

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## 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 type, severity (i.e., light, light-moderate, moderate, heavy), and frequency of incontinence, and include, but are not limited to, the following:

1. The member is older than three years of age whose incontinence has been classified in at least one of the following types:
  - a. **URINARY STRESS INCONTINENCE**—involuntary urine loss associated with activities that increase intra-abdominal pressure such as coughing, sneezing or physical exertion;
  - b. **URINARY URGE INCONTINENCE**—involuntary urine loss caused by involuntary bladder contraction and is often associated with a sense of urgency;
  - c. **URINARY MIXED INCONTINENCE**—involuntary urine loss caused by a combination of stress and urge incontinence;
  - d. **URINARY OVERFLOW INCONTINENCE**—involuntary urine loss when urine produced exceeds the bladder's holding capacity;
  - e. **FECAL INCONTINENCE**—involuntary feces loss usually caused by loss of lower gastrointestinal tract control;
  - f. **FUNCTIONAL INCONTINENCE**—involuntary urine and/or fecal loss caused by a chronic physical and/or cognitive ailment that limits the individual's ability to access or use the toilet appropriately apart from a known genitourinary system or lower gastrointestinal tract pathophysiology; or
  - g. **INDETERMINABLE INCONTINENCE**—incontinence that cannot be classified with anything above.
2. 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 [See #9 in Select References, at the end of this document]:
  - a. Genito urological and/or gynecological disorders;
    - i. For women, high parity, history of vaginal deliveries and menopause
    - ii. For men, history of prostate surgery
  - b. Lower gastrointestinal tract disorders;
  - c. Impaired cognitive function;
  - d. Neurological disorders;
  - e. Impaired mobility;
  - f. Increasing age; and
  - g. Obesity.

3. A focused medical history and targeted physical exam have been conducted to evaluate potentially reversible 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)
  - b. Evidence of atrophic urethritis/vaginitis;
  - c. Medication regimens that include but are not limited to diuretics, drugs that stimulate or block the sympathetic nervous system, or psychoactive medications;
  - d. Medical conditions, such as delirium, fecal impaction, psychosis, diabetes, edema, chronic heart failure, ascites, morbid obesity, delayed developmental skills, enlarged prostate, Parkinson's disease, or other neurological diseases that affect motor skills;
  - e. Psychiatric conditions (for example depression or psychosis);
  - f. Environmental conditions (for example, impaired mobility, lack of access to a toilet, restraints, restrictive clothing, or excessive fluid intake); and
  - g. Social circumstances that prevent personal hygiene (for example, homelessness or inconsistent caregiver support for toileting).
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 ordering practitioner 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. Liners/inserts may be considered when documentation demonstrates that the member experiences light and infrequent incontinence.
  - a. Liners may be permitted in combination with other absorbent products.

8. 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; or
  - 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

## 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 hospital.

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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 450.303(B) and 130 CMR 409.418. As part of the PA request, the provider of DME must obtain either a prescription or letter of medical necessity (LOMN), or a combination of a prescription and LOMN signed by the member's ordering practitioner. The prescription and letter of medical necessity must meet the requirements at 130 CMR 409. 416. 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 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.

- 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, when the circumstances described in Section 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 medical history and physical exam, (or both), that could not be submitted;
  5. Test results, if applicable (see Section II.A.4 above);
  6. Documentation of risk factors associated with incontinence (as indicated in Section II.A.2 above);
  7. Documentation of past and current treatment regimens that includes addressing 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 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 Section II.A 7-8 above. Additional documentation also may be required; and
  11. If applicable, documentation that it is the ordering practitioner'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. 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). For provider specific guidance related to PA submissions, providers should refer to Durable Medical Equipment Bulletin 24-36.

Providers must submit all information related to a PA request through the Long-Term Services and Supports Management System (LTMS) unless the provider has a currently approved electronic claims waiver or the PA request is for 1) prescription drugs, regardless of where they are dispensed or how they are billed; or 2) non-drug products dispensed at a pharmacy and billed through either the Pharmacy Online Processing System (POPS) or the Medicaid Management Information System (See [All Provider Bulletin 369](#)). Providers with any questions about LTMS access may direct them to the MassHealth LTSS Provider Service Center, at (844) 368-5184. Email: support@masshealthltss.com.

When submitting PA requests for Community Case Management (CCM) members, all information related to the request should be submitted using the Provider Online Service Center (POSC) unless the provider has a currently approved electronic claims waiver or the PA request is for 1) prescription drugs, regardless of where they are dispensed or how they are billed; or 2) non-drug products dispensed at a pharmacy and billed through either the Pharmacy Online Processing System (POPS) or the Medicaid Management Information System (See [All Provider Bulletin 369](#)).

Providers with any questions about POSC access may direct them to MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

## Select References

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6. Leung F, Rao S.C. Fecal Incontinence in the Elderly. *Gastroenterology Clinics*. 2009: 503-511.
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8. Nitti VW. The Prevalence of Urinary Incontinence. *Reviews in Urology*. 2001; 3 (suppl. 1): S2-S6.
9. Irwin GM. Urinary Incontinence, Primary Care Clinics Office Pract, 2019; 46: 233-242

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These Guidelines are based on review of the medical literature and current standards of care in the use of Absorbent Products. 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 proposed treatment. Some language used in this communication may be unfamiliar to other readers; in this case, they should contact their health care provider for guidance or explanation.

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Approved by:



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