



Guidelines for Medical Necessity Determination for Absorbent Products

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information 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/or state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at 130 CMR 409.000 and 450.000 and Subchapter 6 of the *Durable Medical Equipment Manual* for information about coverage, limitations, service conditions, and other prior-authorization requirements.

MassHealth reviews requests for prior authorization on the basis of medical necessity only. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

Section I. General Information

These Guidelines apply to absorbent products used for managing urinary incontinence in pediatric, adult, and elderly persons. Urinary incontinence is defined as unintentional loss of urine due to lower urinary tract malfunctions. General signs and symptoms of incontinence can include reported wet clothes or diapers, reported bed-wetting, observed wet clothes, diapers, or briefs, and/or direct observation of urine 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.

Absorbent products are defined as diaper or brief-like garments and underpads or liners used to contain urinary incontinence. Absorbent products may be either disposable or reusable/washable.

Section II: Clinical Criteria

A. Coverage Criteria

MassHealth determines medical necessity for absorbent products by considering multiple criteria that include, but are not limited to, the following.

1. The member is over the age of three years and presents with at least one sign/symptom of incontinence that 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; or
 - e. **Total** – uncontrolled or continuous leakage caused by neurological dysfunction, abdominal surgeries, or anatomical defects.
2. A focused medical history and targeted physical exam have been conducted to detect factors contributing to urinary incontinence that, if treated, could improve or eliminate the member’s incontinence. Such factors include, but are not limited to:
 - 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 beverage 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 incontinence have been identified and documented. Such risk factors include, but are not limited to:
 - a. urological disorders;
 - b. impaired cognitive function;
 - c. chronic disease;
 - d. neurological disorders; and
 - e. 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:
 - 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) to manage symptoms of incontinence have been tried and failed or partially successful. This must include evidence of documentation on regular monitoring of responsiveness to such treatments.
6. Urinary incontinence is accompanied by fecal incontinence.
7. The prescribing clinician 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 accept treatments for incontinence. Documentation that the member or caregiver refused examination “against medical advice” must be provided.
8. Specialty briefs (for example, pull-up-style diapers) may be considered only when the member meets all of the following criteria:
 - a. the member has a medical condition or developmental disability that causes incontinence and participates in a clinician-designed behavioral toileting program;
 - b. the member has the strength, agility, and dexterity to stand up and pull them on without assistance; and
 - c. the member is able to ambulate and is not bedridden.Requests for specialty briefs must be substantiated by clinical evidence that indicates why this product type offers a distinct advantage over the less costly options.

B. Noncoverage Criteria

MassHealth does not consider absorbent products to be medically necessary under certain circumstances, which include, but are not limited to the following.

1. The member is using a permanent or temporary device, such as a catheter, to manage incontinence.
2. A focused medical history and targeted physical examination have identified possible reversible factors, but no treatment to manage the incontinence (for example, behavioral, pharmacologic, or surgical intervention) has been initiated.
3. No medical history has been taken, no physical examination has been performed, and there is no documentation that supports the need for absorbent products/supplies.
4. Absorbent products are used primarily for managing fecal incontinence and where other medical or surgical alternatives have not been tried to correct or control fecal incontinence.
5. The member has signs/symptoms of incontinence that are not associated with a medical condition.

Section III: Submitting Clinical Documentation

- A. All absorbent products require prior authorization. Requests for prior authorization must be accompanied by clinical documentation that supports appropriate medical use of the product.
- B. Documentation from the most recent medical evaluation must include all of the following:
 1. the primary diagnosis name and ICD-CM code specific to type of incontinence for which the item is required;
 2. the secondary diagnosis name and ICD-CM code specific to the comorbid conditions;
 3. clinical signs and symptoms of incontinence;
 4. comprehensive medical history and physical exam;
 5. risk factors for developing urinary incontinence (as indicated in Section II.A.3 of these Guidelines);
 6. documentation of past and current treatment regimens, including possible reversible factors;
 7. responsiveness to behavioral, pharmacologic, and/or surgical treatments; and
 8. the amount and estimated duration of the need for absorbent products.
- C. Clinical information should be submitted on the MassHealth Medical Necessity Review Form for Absorbent Products and accompanied by the Prior Authorization Request form. The MassHealth Medical Necessity Review Form for Absorbent Products should be used in place of the General Prescription form. These forms must be completed by the prescribing physician or clinical staff involved in the member's care. For instructions on the electronic submission of a request for prior authorization, go to MassHealth's Automated Prior Authorization System at www.masshealth-apas.com.

MassHealth bases its determination of medical necessity for absorbent products on a combination of clinical data and the presence of indicators that affect treatment. A new or updated Prior Authorization Request and MassHealth Medical Necessity Review Form for Absorbent Products must be submitted to continue the use of absorbent products before the expiration of the current approval.

Select References

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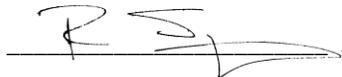
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These Guidelines are based on review of the most current medical literature on clinical practice in the diagnosis and treatment of urinary incontinence. The contents of these Guidelines and references may change or be updated periodically as new clinical evidence emerges.

Effective Date: December 1, 2004

Approved by: , Medical Director