Overview
The purpose of this document is to describe the guidelines Neighborhood Health Plan (NHP) utilizes to determine medical appropriateness for absorbent products used to manage incontinence.

Coverage Guidelines
NHP covers absorbent products for the treatment of incontinence for individuals over the age of three when such products are recommended by the member’s physician, authorized, and meet medical necessity criteria. Authorization for absorbents may be provided while the member is undergoing evaluation for incontinence. Providers must request extensions to authorizations that are about to expire. The specialist and/or the primary care provider are responsible for providing all necessary clinical information including a medical necessity statement stating patients:

1. Diagnosis
2. Clinical signs and symptoms of incontinence
3. Documentation of past and current treatment regimens, including possible reversible factors
4. Response to treatment
5. Expected duration of use
6. Proposed date for re-evaluation of continued need for supplies

Absorbent Products for Incontinence
NHP covers medically necessary absorbent products for incontinence by considering multiple criteria that include, but are not limited to, the following:

1. The member is over the age of three and presents at least one sign/symptom of untreatable 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
   e. Functional—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
   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)

f. Social circumstances that prevent personal hygiene (e.g., homelessness or inconsistent caregiver support for toileting)

3. The prescribing provider has conducted the appropriate diagnostic tests and the 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
   e. Developmental assessment and prognosis in children

4. The member’s specific conditions leading to or contributing to urinary incontinence have been identified and documented; including but not limited to:

   a. Urological disorders
   b. Impaired cognitive function
   c. Neurological disorders
   d. Impaired mobility

5. Treatments (for example, behavioral techniques, pharmacologic therapy, and/or surgical intervention) to manage symptoms of incontinence have been tried and failed or only been partially successful. The provider must include evidence of documentation of regular monitoring of responsiveness to such treatments.

6. The 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 accept treatments for incontinence. Documentation that the member or caregiver refused examination “against medical advice” must be provided.

NHP covers diapers and specialty absorbent products such as pull-up/pull-on products, inserts/liners, underpads/bed pad/mattress protector, and reusable underpads.

**Specialty Absorbent Products**

1. Coverage for pull-up-style diapers 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 participates or has participated in a clinician-designed behavioral toileting program unless such participation is impractical
   c. The member has the cognitive ability and physical strength, agility, and dexterity to stand up and put on pull-up style diapers without assistance
   d. The member is able to ambulate and is not bedridden

   Note: 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.

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

3. Underpads/bed pads/mattress protector 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
   c. The member is unable to reposition independently

   Note: Reusable underpads/bed pads 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/bed pads may be used in conjunction with disposable underpads/bed pads 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 bed pads/under pads may be used alone when there is frequent urine or fecal leakage. Disposable underpads/bed pads may be used in conjunction with reusable underpads/bed pads 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.**

**Quantity Limits:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposable diapers</td>
<td>248 per month</td>
</tr>
<tr>
<td>Disposable pull on diapers</td>
<td>248 per month</td>
</tr>
<tr>
<td>Disposable liners</td>
<td>248 per month</td>
</tr>
<tr>
<td>Reusable diapers</td>
<td>60 per month</td>
</tr>
<tr>
<td>Reusable pull on products</td>
<td>5 per 3 months</td>
</tr>
<tr>
<td>Reusable bed pads</td>
<td>2 per month</td>
</tr>
<tr>
<td>Reusable chair pads</td>
<td>12 per month</td>
</tr>
</tbody>
</table>

**Exclusions**

Coverage exclusions for absorbent products for incontinence include but are not limited when:

1. The member is receiving care in a skilled nursing facility or inpatient hospital.
2. No medical history or physical examination has been taken, and there is no information that supports the need for absorbent products.
3. No treatment has been initiated for possible reversible factors.
4. Absorbent products are used primarily for managing fecal incontinence and soiling 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 or developmental disability.
6. The member is using a well-functioning permanent or temporary device, such as a catheter, to manage incontinence.
7. The supplies are used solely for the management of nocturnal enuresis.
8. Coverage is requested for common household and personal hygiene items generally used by the public, such as washcloths, wet wipes, and non-sterile swabs.

Note: OTC emollients are included only to the extent that they are included in the OTC Pharmacy benefit.

**Definitions**

**Absorbent Products:** Supplies used in the management of incontinence including, but not limited to, pads, undergarments (disposable or re-usable), diaper shields, combination pad-pant system, bed pads, etc. Wipes are not included as part of this benefit. OTC emollients are included only to the extent that they are included in the OTC formulary.

**Types of Absorbent Products:**

**Diapers:** Protective underwear with self-adhesive tabs and elastic leg gathers to improve fit and prevent leakage; used for light to heavy incontinence.

**Specialty absorbent products:**

- **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.
- **Inserts/Liners:** Absorbent sanitary napkins or inserts generally used for light and infrequent incontinence.
- **Underpads/Bed pad/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 can be used to aid in lifting and repositioning of patients.
Effective
April 2017: Annual update.
April 2016: Annual update.
April 2015: Annual update
March 2014: Annual update.
May 2013: Correction.
March 2013: Annual update.
March 2012: Annual update.
March 2011: Annual update.
March 2010: Annual update.
March 2009: Annual update.
March 2008: Annual update.
March 2007: Annual update.
March 2006: Annual update.

References:

MassHealth MCO Contract §2.6D