



PROVIDER POLICIES & PROCEDURES

DIAPERS/ABSORBENT PRODUCTS FOR THE MANAGEMENT OF INCONTINENCE

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for diapers and absorbent products. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Incontinence is the inability of the body to control urinary and bowel functions. Treatment of underlying factors can often improve incontinence. Absorbent products are diaper or brief-like garments and underpads or liners used to contain incontinence. These products can provide an increased level of independence and ability to participate in self-care for individuals who:

- Elect not to pursue treatment
- Are waiting to receive treatment
- Are waiting for a treatment to take effect
- Are unable to be (fully) cured

CLINICAL GUIDELINE

Coverage guidelines for diapers and absorbent products, used for managing incontinence in individuals ages 3 years and older, are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Diapers and absorbent products may be considered medically necessary in the management of incontinence associated with a broad range of medical conditions including, but not limited to, neurological conditions, congenital anomalies, injuries to the pelvic region, injuries to the spinal cord, fistula, bowel prolapse and infections. Consideration is always given to the unique needs of a given individual.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization of diapers and absorbent products is required for:

- HUSKY A and C Members ages 3 to 12

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits, and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

- HUSKY B Members ages 3 to 18
- Any Member when the request for these supplies exceeds the quantity limits as outlined in this policy and on the DSS MEDS – Medical Surgical Supplies Fee Schedule

Requests for coverage of diapers and absorbent products will be reviewed in accordance with procedures in place for reviewing requests for medical supplies. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review prior authorization requests for diapers and absorbent products:

Initial Requests

1. Clinical information to support medical necessity.
2. A signed prescription from the ordering physician indicating primary diagnosis, a secondary diagnosis of incontinence, and the type and quantity of incontinence supplies needed.
3. Fully completed State of Connecticut, Department of Social Services Outpatient Prior Authorization Request Form or completed prior authorization submission via the Medical Authorization Portal.

Reauthorization Requests

1. A signed prescription from the ordering physician (a physician signature on the refill order form will fulfill this requirement) indicating primary diagnosis, a secondary diagnosis of incontinence, and the type and quantity of incontinence supplies needed.
2. Fully completed State of Connecticut, Department of Social Services Outpatient Prior Authorization Request Form or completed prior authorization submission via the Medical Authorization Portal.

Review Process:

1. Requests for diapers and absorbent products must be submitted by the billing provider/vendor.
2. Requests for items should be submitted through the Medical Authorization Portal at: <https://www.huskyhealthct.org/providers/medical-authorization.html> or may be submitted via fax to 203-265-3994 using the Outpatient Prior Authorization Request Form located on the HUSKY Health website at: www.huskyhealth.com. Requests for diapers and absorbent products will be reviewed by the CHNCT Utilization Management Department in accordance with the procedures and time frames in place for reviewing requests for DME and medical-surgical supplies. CHNCT has up to 14 calendar days to notify the provider of their decision.
3. If approved:
 - Items will be authorized for up to one year based on clinical indications.
 - The quantity approved will not exceed the quantity requested on the authorization form or in the medical authorization portal, regardless of what is listed on the physician prescription/signed order form.
 - If the prescription/signed order form expires before the requested end date of the authorization, the authorization end date will be based on the expiration date of the prescription/signed order form.

Claim Submission:

1. Claims for diapers and absorbent products should be submitted, following the provider's usual claims submission protocol, to Gainwell Technologies
2. When requesting diapers and absorbent products in excess of the amounts identified below:

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits, and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

- All items must be delivered within the authorized time frame
- Supplies up to the quantity limit must be delivered and billed on one of date of service
- Supplies above the quantity limit must be delivered and billed on a different date of service

EFFECTIVE DATE

This policy is effective for prior authorization requests for diapers and absorbent products for individuals covered under the HUSKY Health Program on or after April 1, 2012.

LIMITATIONS

Diapers and absorbent products are not covered for individuals ages 0-2.

Diapers and absorbent products, for individuals enrolled in the HUSKY B Program, have monthly quantity limitations of 180 combined diapers and pull-ons and 180 combined liners/shields/under-pads.

CODES:

Code	Description	Limit
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	220
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	220
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	220
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	220
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	220
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	220
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	220
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	220
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	250
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	250
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	250
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	250
T4533	Youth sized disposable incontinence product, brief/diaper, each	250
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	250
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	250
T4536	Incontinence product, protective underwear/pull-on reusable, any size, each	8
T4537	Incontinence product, protective underpad, reusable, bed size, each	16
T4539	Incontinence product, diaper/brief, reusable, any size each	31
T4540	Incontinence product, protective underpad, reusable, chair size, each	16
T4541	Incontinence product, disposable underpad, large, each	250
T4542	Incontinence product, disposable underpad, small size each	250
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	220

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits, and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	220
-------	--	-----

DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **HUSKY Plus Physical Program (or HUSKY Plus Program):** A supplemental physical health program pursuant to Conn. Gen. Stat. § 17b-294, for medically eligible members of HUSKY B in Income Bands 1 and 2, whose intensive physical health needs cannot be accommodated within the HUSKY Plan, Part B.
8. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury, or disease; and (5) based on an assessment of the individual and his or her medical condition.
9. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

- Abrams, P., et al. (2010). Fourth International Consultation on Incontinence Recommendations of the International Scientific Committee: Evaluation and Treatment of Urinary Incontinence, Pelvic Organ Prolapse, and Fecal Incontinence. *Neurology and Urodynamics*, 29, 213-240.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits, and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

PUBLICATION HISTORY

Status	Date	Action Taken
Original publication	September 2012	
Reviewed	September 2013	Clinical Quality Sub-Committee Review. References Updated.
Reviewed	September 2014	Clinical Quality Sub-Committee review. Reference updated. Updated with new 2014 HCPCS code T4544. Updated description for code T4543. These changes approved at the September 15, 2014, Clinical Quality Sub-committee meeting.
Updated	August 2015	Updated definitions for HUSKY A, B, C and D programs at request of DSS.
Reviewed	September 2015	Clinical Quality Subcommittee Review. Reference Updated This change approved at the September 21, 2015, Clinical Quality Subcommittee meeting.
Updated	March 2016	Updates to language in introductory paragraph pertaining to purpose of policy. Updates to Clinical Guideline section pertaining to definition of Medical Necessity. Updates throughout policy to reflect importance of person-centeredness when reviewing requests for these items. Changes approved at the March 21, 2016, Clinical Quality Subcommittee meeting. Changes approved by DSS on April 28, 2016.
Reviewed	January 2017	Medical Policy Committee review. Reference update. Approved by Medical Policy Committee on January 11, 2017. Approved by Clinical Quality Subcommittee on March 20, 2017. Approved by DSS on March 27, 2017.
Reviewed	April 2018	Medical Policy Committee review. Reference update Update to HUSKY Plus phone number in Limitations section. Approved by CHNCT Medical Policy Review Committee on February 14, 2018. Approved by CHNCT Clinical Quality Subcommittee on March 19, 2018. Approved by DSS on April 5, 2018.
Updated	March 2019	Update to <i>HUSKY Plus</i> section under <i>Limitations</i> , added the following language: “who are over the age of 3” and “Quantities are limited per month to 180 combined diapers and pull-ons and 180

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits, and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on “For Providers” followed by “Benefit Grids”. For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

		<p>combined liners/shields/underpads”.</p> <p>Change approved at the January 1, 2019, Medical Reviewer meeting.</p> <p>Change approved by the CHNCT Clinical Quality Subcommittee on March 18, 2019.</p> <p>Approved by DSS on March 27, 2019.</p>
Updated	April 2020	<p>Reference update.</p> <p>Change approved at the February 12, 2020 Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 16, 2020. Approved by DSS on April 16, 2020.</p>
Reviewed	March 2021	<p>Reviewed and approved without changes at the January 13, 2021, CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 15, 2021. Approved by DSS on March 22, 2021.</p>
Reviewed	March 2022	<p>Reviewed and approved without changes at the February 9, 2022, CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 21, 2022. Approved by DSS on March 24, 2022.</p>
Updated	March 2022	<p>Updated language related to HUSKY B and HUSKY Plus coverage. Changes approved by DSS on March 25, 2022.</p>
Updated	January 2023	<p>Updates to Procedure section. Streamlined documentation requirements – removed need for submission of clinical information supporting diagnosis as part of reauthorization of supplies. Addressed how inconsistencies between prescription/order form and PA form will be managed. Changes approved at the December 14, 2022, CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on December 19, 2022. Approved by DSS on December 22, 2022.</p>
Reviewed	September 2023	<p>Reviewed and approved without changes at the September 13, 2023, CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on September 18, 2023. Approved by DSS on October 2, 2023.</p>

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits, and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on “For Providers” followed by “Benefit Grids”. For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.