

Document ID: AETAMA - 093008	Title: Aetna Medicaid Administrator (AMA) 7200.81 Disposable Incontinent Supplies Louisiana Policy	
Parent Documents: N/A		
Effective Date: See Document Information Page	Last Review Date: See Review and Revision History Section	Business Process Owner (BPO): Mgr,Clinical Health Services, CS AMA UM Leadership
Exhibit(s): NA		
Document Type: Policy and Procedure		

PURPOSE

The purpose of this policy is to describe the Aetna Better Health of Louisiana (ABHLA) plan's process for the prior authorization and decision-making conditions in which incontinent supplies according to the directives from the state of Louisiana Medicaid.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for Incontinence supplies.

POLICY

It is the policy of the plan that specific state law directives, in addition to Clinical Policy Bulletins (CPB) and MCG® criteria are used when processing authorization requests for Disposable Incontinent supplies. Louisiana state qualifications, authorization, and documentation requirements must be met. Louisiana Medicaid Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

STANDARD

Louisiana Medicaid does cover Incontinent supplies (diapers and blue pads) for eligible members. Incontinent supplies require prior authorization. The Prior Authorization department should use the guidelines listed below to process requests for children ages 4-20 years old and adult members with the Home and Community Based Services Waiver (HCBS). Disposable incontinent supplies are limited to eight per day.

Children Requirements for Incontinent Supplies¹

- Ages four (4) to twenty (20) years of age are covered for incontinent supplies.
- Providers must be on the state and Aetna Better Health of Louisiana registry to provide services.
- Member Criteria²

¹ 2023 Louisiana Medicaid Services Provider Manual Chapter 18: DME p. 89

² 2023 Louisiana Medicaid Services Provider Manual Chapter 18: DME p. 89

- The member must have a medical condition resulting in permanent bowel and/or bladder incontinence.
- The member would not benefit or has failed a bowel and bladder training program when appropriate for the medical condition.
- The member must meet all Louisiana Medicaid eligibility criteria, verified monthly by the provider.
- **Incontinent DME Options**
 - For Pull-on briefs³, the member must have a medical condition resulting in permanent bowel and /or bladder incontinence and the member must have the cognitive and physician ability to assist in his or her toileting needs. For liners or incontinence guards, the member must be cost-effective in reducing the amount of other incontinence supplies needed.
 - Permanent loss of bladder and/or bowel control is defined as a condition that is not expected to be medically or surgically corrected and that is of long and indefinite duration.⁴
 - Members who have a Nocturnal Incontinence diagnosis due to inability to wake up to go to the bathroom at night, but do not have a daytime problem are eligible for liners or guards.

Adult Incontinence supplies⁵

- May be covered for members twenty-one (21) and older under the Home and Community Services Based Waivers (HCBS)
- Must be Medicaid Eligible.
- Members with the HCBS waiver will have a Rate code of 53ADT; 05H02; 15ADT
- Must have a physician's order and have documentation that the use of incontinence briefs and supplies are needed.
- Cost may not exceed \$2,500 in a single plan of care year.
- Providers must be enrolled in the Louisiana Medicaid Program.

*Documentation requirements include:*⁶

- Diagnosis of condition causing the incontinence and may include primary and secondary diagnoses.

³ 2023 Louisiana Medicaid Services Provider Manual Chapter 18: DME p. 89

⁴ 2023 Louisiana Medicaid Services Provider Manual Chapter 18: DME p. 90

⁵ 2024-LA-301_LAC 50:XXI.Chapters 53 through 61; §§ 5725, 5901, 6101 – Specialized Medical Equipment and Supplies.

⁶ 2023 Louisiana Medicaid Services Provider Manual Chapter 18: DME p. 90

- Specify the item requested, the duration of need (a physician must provide this information), the size and quantity of the items and the anticipated frequency of replacement.
- A description of mobility, limitations, and abilities.
- If an increase in supplies is required, an additional supporting diagnosis is required.
- “Extraordinary Needs” may include additional documentation:⁷
 - Description of mental status and level of orientation
 - Description of current supportive services
 - Additional supporting diagnoses to justify increased need for supplies.

*Dispensing Incontinent Supplies*⁸

Disposable incontinence supplies are limited to:

- Eight items per day. Additional supporting documentation is required for requests that exceed the established limit.
- Only a one-month supply may be dispensed at any time as initiated by the member.
- Allowable amounts may preclude the purchase of some products. The rate has been established so that the majority of products on the market are obtainable.
- Providers should always request authorization for the appropriate product for the member’s current needs.
- Providers must provide at the minimum, a moderate absorbency product that will accommodate a majority of the Medicaid member’s incontinence needs. Supplying a larger quantity of inferior products is not an acceptable practice.
- For members requesting a combination of incontinence supplies, the total quantity shall not exceed the established limit absent approval of extraordinary needs.
- Because payment cannot exceed the number of units prior authorized, providers who choose to have incontinent supplies shipped directly from the manufacturer to the member’s home shall be responsible for any excess over the number of supplies approved by the PA.

APPLICABLE CPT CODES

This policy applies to but is not limited to the procedure codes listed below. Listing of a CPT code in this policy does not imply that the service described by the code is a covered or non-covered health service. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require

⁷ 2023 Louisiana Medicaid Services Provider Manual Chapter 18: DME p. 90

⁸ 2023 Louisiana Medicaid Services Provider Manual Chapter 18: DME p. 91

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coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
T4521	Adult sized disposable incontinence product, brief/diaper, small, each
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	Adult sized disposable incontinence product, brief/diaper, large, each
T4524	Adult sized disposable incontinence product, brief/diaper, extra-large, each
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each
T4537	Incontinence product, protective under pad, reusable, bed size, each
T4538	Diaper service, reusable diaper, each diaper
T4539	Incontinence product, diaper/brief, reusable, any size, each
T4540	Incontinence product, protective under pad, reusable, chair size, each
T4541	Incontinence product, disposable under pad, large, each
T4542	Incontinence product, disposable under pad, small size, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on,

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	above extra-large, each
T4545	Incontinence product, disposable, penile wrap, each

DEFINITIONS:

1. Durable Medical Equipment (DME) - Durable medical equipment is furnished by a supplier or a home health agency and is equipment that meets the following criteria: 1. Can withstand repeated use; 2. Is used to serve a medical purpose; 3. Generally is not useful to a member in the absence of an illness or injury; and 4. Is appropriate for use in the home.⁹

2. Incontinence supplies - Impermeable multi-layered products with high absorbency used for fecal and/or urinary incontinence

3. Medically Necessary Services - Those health care services that are in accordance with accepted, evidence based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care.

In order to be considered medically necessary, services must be:

- 1) deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction; and
- 2) those for which no equally effective, more conservative and Less costly course of treatment is available or suitable for the Beneficiary.
- 3) Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the Beneficiary requires at that specific point in time.
- 4) Although a service may be deemed medically necessary, it doesn't mean the service will be covered under the Louisiana Medicaid Program.
- 5) Services that are experimental, non-Food and Drug Administration (FDA) approved, investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."¹⁰

6. Permanent loss of bladder and/or bowel control - A condition that is not expected to be medically or surgically corrected and that is of long and indefinite duration¹¹

9. Service Authorization - A utilization management activity that includes pre-service, concurrent, or post review of a service by a qualified health professional to authorize, partially deny, or deny the payment of a service, including a service requested by the member. Service authorization activities must

⁹ 2023 Louisiana Medicaid Services Provider Manual Chapter 18: DME p. 29

¹⁰ Louisiana Medicaid Managed Care Organization Attachment A Model Contract

¹¹ Louisiana Department of Health Provider Manual Chapter 18 DME p. 89

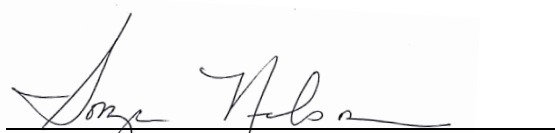
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consistently apply review criteria.¹²

REVIEW AND REVISION HISTORY

Date	Revision No.	Reason for Change	Sections Affected
11/01/2023	New Policy	New policy	All
<u>09/10/24</u>	<u>Reviewed</u>	<u>Reviewed; Changed to new format; Added adult criteria for incontinence supplies</u>	<u>All</u>

Aetna Better Health of Louisiana


 Sonya K. Nelson
 Interim Chief Executive Officer


 Antoinette Logarbo, M.D.
 Chief Medical Officer

Reference/Resources

- 2023 Louisiana Medicaid Managed Care Organization Attachment A Model Contract,
- 2023 Louisiana Medicaid Managed Care Organization (MCO) Manual
- 2023 Louisiana Medicaid Services Provider Manual Chapter 18: DME. Aetna Medicaid Administrator (AMA) 7100.05 Prior Authorization Policy – Louisiana Amendment
- 2024-LA-301_LAC 50: XXI. Chapters 53 through 61; §§ 5725, 5901, 6101 – Specialized Medical Equipment and Supplies.

¹² Louisiana Medicaid Managed Care Organization Attachment A Model Contract