

## Protocols for Incontinence Supplies

Incontinence supplies are reimbursable only for use in chronic pathologic conditions causing the member's incontinence. All authorizations and claims submissions must indicate the primary diagnosis and the secondary diagnosis codes to reflect the condition causing the incontinence and the type of incontinence, respectively. When incontinence is only a short-term problem and/or when there is no underlying pathologic condition causing the incontinence, providers will not be reimbursed for incontinence supplies without approved authorization.

CenCal Health follows the State of California Medi-Cal guidelines for incontinence supplies in most cases. Please review those guidelines in the [Incontinence Medical Supplies: An Overview](#) in the Durable Medical Equipment and Medical Supplies (DME) section of the Medi-Cal Provider Manual as published by the California Department of Healthcare Services (DHCS), [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). Unless otherwise noted below, providers of incontinence supplies are subject to Medi-cal guidelines.

The below guidelines provide CenCal Health's criteria for completing authorizations and claim submissions. They are meant to assist you in ensuring a timely outcome for authorization and payment of incontinence supplies. If you have any questions regarding the information described in these Protocols, please refer to the Contact section at the end of this document.

### Prescription

A prescription is required for any provision of incontinence supplies for CenCal Health Members. Providers of incontinence supplies are required to use, and must obtain, the **Incontinence Supplies Prescription Form** as published by the California Department of Healthcare Services (DHCS) and provided in the Medi-Cal Provider Manual ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)). Any variation from the Medi-Cal prescription form must be reviewed and approved by the Health Services Department before it will be accepted as appropriate documentation. All prescription forms should be kept on file in the member's medical chart and are subject to audit by the plan.

- The prescription is only valid for a six (6) month period, and it must be renewed every six (6) months for updated medical justification.
- The member's physician (Primary Care Physician or attending physician) must write individual prescriptions prior to the delivery of service, ordering only those supplies necessary for the care of that member.
- The physician's medical record must show each prescription with the anticipated rate of use for that specific item as well as the specific causal diagnosis and the type of incontinence for which the incontinence supplies were prescribed.
- A copy of the current prescription must accompany all authorization requests.

### Limitations

Incontinence Supplies have both a quantity per period threshold as well as a monthly dollar limit threshold. For **quantity thresholds**, please refer to the Medi-Cal Manual to determine the quantity allowed per timeframe. In addition, Incontinence Supplies are **limited to \$165, including sales tax and markup, per member, per calendar month**. Affected supplies under the cost limitation include disposable briefs (diapers), protective underwear (pull on products), underpads, belted undergarments, shields, liners, pads and reusable underwear. Incontinence creams and washes are not subject to this billing limit.

Exceeding either the quantity or monthly dollar thresholds as set forth in the Medi-Cal Manual requires approval through a Treatment Authorization Request (TAR) for members of the Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) programs or an Authorization Request (AR) for members of the Healthy Families (HF), Healthy Kids (HK), and Prenatal Plus 2 (PP2) programs.

### **Authorization (TAR/AR) Submission**

If exceeding the monthly allowances in quantity or dollar amount for incontinence supplies as indicated above, please complete an authorization. TARs/ARs may be completed using the standard 50-1 paper form and mailed to CenCal Health, Attn: Health Services Department, 4050 Calle Real, Santa Barbara, CA 93011. Authorizations may also be submitted electronically through the restricted area of our website, [www.cencalhealth.org](http://www.cencalhealth.org). To request a Username and Password to submit web authorizations, please contact the Webmaster at [webmaster@cencalhealth.org](mailto:webmaster@cencalhealth.org).

The maximum timeframe for an incontinence supply authorization is six (6) months.

All TARs/ARs require documentation of medical necessity as defined below:

- Request only those items that will exceed the quantity or monthly dollar thresholds and indicate in the Remarks field whether seeking authorization for exceeding quantity limitations or exceeding the \$165 monthly dollar threshold.
- A copy of the completed Medi-Cal *Incontinence Supplies Prescription Form* with the signature of the prescribing physician.
- From and through dates not to exceed a six (6) month timeframe.
- The primary ICD-9-CM code (condition causing incontinence) should be entered in the diagnosis field.
- The secondary ICD-9-CM code (type of incontinence) should be entered in the Remarks field.
- For requests over the quantity limitations, please provide, in addition to the prescription, written medical justification explaining why the member needs supplies in excess of the thresholds set by Medi-Cal. **This description should be in a narrative format.** The provider should inform the ordering physician of quantity limitations so that medical justification can properly address the specific condition of the member.
- For requests over the monthly dollar threshold, provide the calculations (items x cost of each + markup + applicable sales tax) for each item requested that is over the \$165 limit in the Remarks field.
- Enter Units of Service and Quantity fields as indicated below based on whether requesting authorization for exceeding the quantity limitations or monthly dollar threshold.
- Enter the dollar amount in the Charge field if exceeding the \$165 monthly limit; the Charge field does not need to be completed if requesting items in excess of the quantity limitations.

### Units vs Quantity

The Units of Service field on a TAR/AR represents the number of months for which the item is being requested to not exceed six (6) months. The Quantity field on a TAR/AR represents the number of items being provided each month. Please do not calculate the total items being requested on the TAR/AR for the entire timeframe; that calculation will be handled internally upon the plan processing the authorization.

#### Example – Exceeding Quantity Limitations

Provider is requesting authorization for exceeding the quantity threshold for small disposable briefs (T4521) which will be provided each month for six (6) months. Medi-Cal guidelines allow a quantity of 200 in a 27 day period; however, the provider is requesting 220 in a 27 day period. The Units of Service on the TAR/AR would be 6 (for 6 months), and the Quantity on the TAR/AR would be 20 (20 additional briefs over the 200 limit). Do not calculate the total overage for the entire timeframe of the authorization, i.e., 120 briefs (20 extra briefs for 6 months). A dollar amount in the Charge field is not required.

#### Example – Exceeding Monthly Dollar Threshold (\$165)

Provider is requesting authorization for exceeding the monthly dollar threshold of \$165.00 which will be provided for six (6) months in the amount of \$179.89 of supplies per month. The provider is requesting authorization in the amount of \$14.89 per month, so the TAR should indicate the number of items that equals \$14.89 per month (items x cost of each + markup + applicable sales tax). The Units of Service on the TAR/AR would be 6 (for 6 months), and the Quantity on the TAR/AR would be 25 (the 25 additional items costing \$14.89). Do not calculate the total overage for the entire timeframe of the authorization, i.e., 150 briefs (25 extra briefs for 6 months). A dollar amount in the Charge field is required.

- The Health Services Department is required to process authorizations within five (5) business days of receipt of the authorization and all its necessary documentation. CenCal Health has fourteen (14) calendar days to make an initial determination on a medical authorization.
- If submitting authorization through CenCal Health's website, please ensure that the documentation required for the authorization is faxed to the plan on the same day as the submittal of the web TAR/AR. Please add the TAR/AR number to each page of the documentation to ensure the information being faxed is attached to the correct authorization. Paper authorization forms should be mailed or faxed with all supporting documentation included.
- If there is a delay in providing the required documentation, please notify the Health Services Department at (805) 562-1082 or directly to the plan staff member requesting the additional documentation needed to process the authorization.
- Email is the most effective means of communication for authorizations; if you are not already receiving email notifications for authorization submission or if you need to update your email address, please contact the Provider Services Department at (805) 562-1676.

**Claims Submission**

If billing for items which exceed the quantity and dollar thresholds based on an approved authorization, please bill the additional items on a separate service line and ensure that the TAR/AR number is added to that service line only.

- The primary ICD-9-CM code (condition causing incontinence) and the secondary ICD-9-CM code (type of incontinence) should be entered in diagnosis boxes 1 and 2, respectively.
- Services will be paid up to the \$165 limit in a calendar month. Service lines which would exceed that limit will be paid only in the amount up to \$165. All other service lines which exceed the \$165 limit will be denied unless there is an approved authorization on file for dates of service.
- If billing for items which exceed the quantity limitations or the monthly dollar thresholds based on an approved authorization, please bill the additional items on a separate service line and ensure that the TAR/AR number is added to that service line only.

Examples: Using the quantity limitations authorization example above, service line 1 would be for the quantity allowed under Medi-Cal guidelines (quantity of 200) with no TAR/AR number entered whereas service line 2 would be for the quantity exceeded (quantity of 20) with the TAR/AR number entered for that service line only. This example assumes a monthly billing cycle.

Using the monthly dollar threshold authorization example above, service line 1 would be for the number of items allowed under Medi-Cal guidelines (value at \$165.00) with no TAR/AR number entered whereas service line 2 would be for the quantity exceeded (value at \$14.89) which would be a Quantity of 25. This example assumes a monthly billing cycle.

- The Universal Product Number (UPN), a unique product identifier, as well as the UPN qualifier, a two-character code that distinguishes the type of UPN, are required for claim submissions. UPNs and their respective Qualifiers are to be entered as published in the appropriate section of the Medi-Cal Manual.

The UPN Qualifier is required on every service line that contains a UPN and both should be entered in the shaded area of Box 24A with the Qualifier preceding the UPN. The following is an example of how the claim should be submitted with UPNs and their Qualifiers:

UK10768702677131				UN0000060000			
04	01	09		12	T4522		

**Contact Information:**

For assistance with Prescription requirements and Authorization (TAR/AR) submissions, please contact:

**Health Services Department**  
Phone: (805) 562-1082  
Fax: (805) 692-5140

For assistance with CenCal Health's website or to request training for your office, please contact:

**Provider Services Department**

Phone: (805) 562-1676

Fax: (805) 683-9203

For assistance with claims submission or corrections, please contact:

**Claims Department**

Phone: (805) 562-1083