

Protocols for Incontinence Supplies **Effective March 1, 2012**

Incontinence supplies are reimbursable only for use in chronic pathologic conditions causing the member's incontinence. All 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.

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. Unless otherwise noted below, providers of incontinence supplies are subject to Medi-cal guidelines.

The below guidelines provide CenCal Health's criteria for providing incontinence supplies and submitting claim submissions. They are meant to assist you in ensuring a timely outcome for 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). 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 be retained in the member's medical chart.

Limitations

Incontinence Supplies have both a quantity per period threshold as well as a monthly dollar limit threshold under Medi-Cal guidelines. CenCal Health is waiving the quantity limitations for incontinence supplies and instead instituting a maximum monthly dollar threshold which cannot be exceeded. Incontinence Supplies are **limited to \$200, 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 & Washes – Optional Benefit

Effective July 1, 2009, the Department of Health Care Services (DHCS) excluded several optional benefits from the Medi-Cal program which included benefits for incontinence creams and washes. CenCal Health elected to delay these benefit restrictions as long as possible. Effective March 1, 2012, CenCal Health eliminated the incontinence creams and washes benefit for members of the Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) programs.

Both services and member groups may, in certain circumstances, be termed 'exempt' from the optional benefit exclusion. This means that services to members in the following categories are not impacted by the change and will still be covered. Billing requirements are noted below when applicable.

The following services are not impacted and will continue to be covered after March 1, 2012:

- Pregnancy-related services and services for the treatment of other conditions that might complicate the pregnancy. Please include modifier TH on your claim form. This modifier can be used for up to sixty (60) days after delivery.
- Services authorized by the California Children's Services (CCS) Program.
- Crossover claims for Members also covered by Medicare. If the service is unable to be billed to Medicare, i.e., Medicare non-covered items, then the service will not be covered by CenCal Health.

In addition, the following members are not impacted and will continue to be covered after March 1, 2012. Billing requirements are noted below when applicable.

- Members 20 years old and under.
- Members residing in a skilled nursing facility, i.e., Nursing Facilities Level A [NF-A] and Level B [NF-B]) or intermediate care facility for the developmentally disabled (ICF-DD or ICF-DDH). Services do not need to be physically provided in the nursing facility to be covered. Members are identified by an Aid Code of 13, 23, 53 or 63 in the Eligibility Screen.

Claims Submission

When submitting claims for reimbursement of incontinence supplies, please note the following to ensure your claim is processed accurately and timely:

- 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 \$200 limit in a calendar month. Service lines which would exceed that limit will be paid only in the amount up to \$200. All other service lines which exceed the \$200 limit will be denied.
- 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					

Claims Appeal

If medical justification can be provided for exceeding the \$200 monthly threshold, then providers may submit a claims appeal for review through our [Incontinence Supply Grievance Form](#). Please complete the form in its entirety. For establishing medical necessity, the following documentation is required to accompany the Provider Grievance Form. Please note that additional documentation may be needed to make a determination on the appeal.

Please include the following items with your claims appeal:

- A copy of the completed Medi-Cal *Incontinence Supplies Prescription Form* with the signature of the prescribing physician.
- The primary ICD-9-CM code (condition causing incontinence).
- The secondary ICD-9-CM code (type of incontinence).
- Written medical justification for every item being provided explaining why the member needs supplies in excess of the thresholds set by the plan. This detailed description should be in a narrative format.
- The calculations (items x cost of each + markup + applicable sales tax) for all incontinence supply items being requested.

Contact Information:

For assistance with Prescription requirements, 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, corrections and appeals, please contact:

Claims Department

Phone: (805) 562-1083