PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

<table>
<tr><td colspan="3">Guideline/Procedure Number: MCUG3022 (previously UG100322)</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="3">Guideline/Procedure Title: Incontinence Guidelines</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 07/24/1994</td><td colspan="4">Next Review Date: 10/14/2027
Last Review Date: 10/14/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td colspan="3">☒ Medi-Cal</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 10/14/2026</td></tr>
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I. RELATED POLICIES:

MCUP3041 – Treatment Authorization Request (TAR) Review Process

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services
D. Provider Relations

III. DEFINITIONS:

A. Certificate of Medical Necessity (CMN) Form: Incontinence Supplies Medical Necessity Certification Form *DHCS 6187*
B. Incontinence supplies: Medically necessary products used to manage urinary and/or bowel incontinence, typically including disposable briefs (adult diapers), protective underwear (pull-on products), underpads, belted undergarments, shields, liners, pads and reusable underwear.
C. Medical Practitioner: For the purposes of this policy, the medical practitioner is a physician, nurse practitioner or physician assistant.

IV. ATTACHMENTS:

A. Partnership Maximum/ Average Benefit Incontinence Guidelines
B. Incontinence Supplies Medical Necessity Certification form (DHCS 6187)

V. PURPOSE:

To outline the process by which coverage of incontinence supplies is an available Medi-Cal benefit to Partnership Health Plan of California Members. Incontinence supplies are a Medi-Cal benefit that must be prescribed by the physician, nurse practitioner, or physician assistant (medical practitioner) who is currently responsible for the care of the Member and has evaluated the Member's bladder and bowel incontinence within the past year. All Members with a diagnosis of incontinence should be evaluated by the current medical practitioner to determine whether consultation with a specialist is indicated.

VI. GUIDELINE / PROCEDURE:

A. TREATMENT AUTHORIZATION REQUEST (TAR) PROCESS
   1. A TAR is required for all incontinence supplies*. The TAR must contain documentation regarding the Member's history of incontinence, along with information regarding the medical necessity for the supplies ordered.

*See VI.A.3 for two code exceptions.

2. For incontinence supplies over $165 per month (including sales tax), a state mandated Incontinence Supplies Medical Necessity Certification Form *DHCS 6187* (Attachment B) must accompany the TAR and will include the following information:
   a. Medical condition / diagnosis causing bowel and bladder incontinence
   b. Type of urinary / bowel incontinence
   c. Evaluation and treatments attempted and outcomes (including urologist assessment or reports)
   d. Documentation of the reasons why other options (pharmacologic, drugs, behavioral techniques or surgical interventions) are not appropriate to decrease or eliminate incontinence
   e. Prognosis for controlling incontinence
   f. Brief summary of the incontinence therapeutic intervention plan
   g. Explanation if medical practitioner orders supplies in **excess** of the thresholds listed in Attachment A and information regarding medical necessity for the additional use
3. Codes A4335 and A6250 for skin wash and skin cream do not require a TAR unless they are ordered above normal supply limit. (See Attachment A for supply limits.) However, providers are encouraged to include these items on the incontinence supply TAR as the authorization will be valid for one year and the provider will be able to submit claims electronically without attaching the prescription each month. If these items are not included on the incontinence supply TAR, then the provider must submit a paper claim and attach a prescription form with each submission.
4. The requested item must be the lowest cost medically appropriate item to meet the Member's medical needs.
5. If the Member has chronic, non-treatable incontinence as confirmed by the primary care practitioner or a urologist, the TAR can be approved for up to one (1) year.
6. If the approval is granted for an interval greater than 30 days, the provider of service has the responsibility to verify that the Member remains eligible for Medi-Cal coverage with Partnership on a monthly basis and in NO instance will Partnership reimburse for supplies in excess of a 60 day supply dispensed at any one time. (For Example: If Partnership approves supplies for a one-year time frame, the provider will NOT be reimbursed for the entire year at one time. Billings are to occur incrementally on a monthly basis as the Member's eligibility status may change.) See Attachment A for supply limits.
7. Incontinence supplies such as disposable briefs (diapers), liners, underpads, etc. over $165 per month (including sales tax) require a completed Incontinence Supplies Medical Necessity Certification Form *DHCS 6187* (CMN form) (see Attachment B) submitted with the TAR.
8. Incontinence supplies $165 per month or less require a TAR with the prescription attached, but do not require the CMN form.
9. Note that the "NU" code modifier is NOT to be used for disposable incontinence supplies.

B. Incontinence supplies for Members in a skilled nursing facility (SNF) and Intermediate Care Facility (ICF)/Developmentally Disabled (DD) or ICF are part of the facility per diem rate and are not billable separately to Partnership. Incontinence supplies for Members in ICF/DD- Habilitative (H) or ICF/DD- Nursing (N) are not part of the facility per diem and are separately billable to Partnership. Incontinence supplies for Members in ICF/DD-H or ICF/DD-N can be approved for up to one (1) year. The same requirements as per VI.A.7 apply.

C. Incontinence supplies for Members under age five may be covered under the Medi-Cal for Kids & Teens benefit (formerly Early & Periodic Screening, Diagnostic and Treatment (EPSDT)) Services benefit where the incontinence is due to a chronic physical or mental condition, including cerebral palsy and developmental delay, and at an age when the child would normally be expected to achieve continence.

D. The CMN form (Attachment B) must be dated within 12 months of the date of service on the claim and must be signed by the Member's current medical practitioner.

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Applies to:	☒ **Medi-Cal**	☐ **Employees**

VII. REFERENCES:

A. Medi-Cal Provider Manual/ Guidelines: Incontinence Medical Supplies (*incont*); List of Contracted Incontinence Absorbent Products; List of Contracted Incontinence Creams and Washes; List of Incontinence Medical Supplies Billing Codes

B. Department of Health Care Services (DHCS) California Children's Services (CCS) Numbered Letter (NL) 11-1223 Authorization for Purchase of Incontinence Medical Supplies (12/19/2023)

C. Welfare & Institutions Code, Section 14125.4

VIII. DISTRIBUTION:

A. Partnership Department Directors

B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 01/01/96; 04/28/00; 06/20/01; 04/21/04; 02/16/05; 03/15/06; 08/20/08; 11/18/09; 07/21/10; 06/20/12; 08/20/14; 01/20/16; 09/21/16; 09/20/17; *10/10/18; 11/13/19; 02/12/20; 06/10/20; 09/09/20; 02/10/21; 05/12/21; 08/11/21; 08/10/22; 09/13/23; 10/09/24; 02/12/25; 02/11/26; 10/14/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.