



Comprehensive Medical and Dental Program Authorization Guideline

TITLE

Prior Authorization Guideline for Incontinence Briefs

RESPONSIBLE AREA

Health Services

Effective Date: 01/29/2020

DESCRIPTION

Coverage determinations are based on an assessment of the child and his or her unique clinical needs. Eligible CMDP members may receive a specified quantity of incontinence products with the proper diagnosis and documentation of medical necessity.

DEFINITIONS

Incontinence Briefs: disposable briefs or diapers, protective underwear or pull-ups.

COVERAGE DETERMINATION GUIDELINE

CMDP covers incontinence briefs when necessary to treat a medical condition.

Additional guidelines for incontinence briefs, including pull-ups and incontinence pads, are for preventative purposes in order to prevent skin breakdown and to enable participation in social, community, therapeutic and educational activities under the following circumstances:

- The member is over three years and under 21 years of age;
- The member is incontinent due to a documented disability that causes incontinence of bowel and/or bladder;
- The PCP, attending physician; has issued a prescription ordering the incontinence briefs;
- Incontinence briefs are limited to 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder.

Prior authorization (PA) for incontinence briefs, pull-ups or incontinence pads are issued for a 12-month period. PA for a renewal of an existing prescription may be provided by the physician through telephone contact with the child rather than an in-person physician visit. A physician prescription with records supporting medical necessity are required for specialty briefs, or for briefs different from the standard briefs supplied by the vendor.

As noted above, minimum requirements for documents supporting the request for PA include:

- Documentation of medical condition or disability that causes incontinence of bowel and/or bladder;
- Prescription from the PCP or attending physician;

And if applicable



- Medical reason for specialty briefs (i.e., hypo-allergenic briefs, etc.) or for any briefs different from the standard;
- Medical necessity for children who require greater than 240 briefs per month, with the associated medical condition.

REFERENCES

Legal:

[Arizona Administrative Code A.A.C. R9-22-212](#). Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies.

(E)(5) Except for incontinence briefs for persons over three years old and under 21 years old as provided in subsection (E)(6), personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition. Personal care items are not covered services if used solely for preventive purposes.

(E) (6) Incontinence briefs, including pull-ups are covered to prevent skin breakdown and enable participation in social, community, therapeutic and educational activities under the following circumstances:

- a. The member is over three years old and under 21 years old;*
- b. The member is incontinent due to a documented disability that causes incontinence of bowel or bladder, or both;*
- c. The PCP or attending physician has issued a prescription ordering the incontinence briefs;*
- d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder;*
- e. The member obtains incontinence briefs from providers in the contractor's network;*
- f. Prior authorization has been obtained as required by the Administration, contractor, or contractor's designee. Contractors may require a new prior authorization to be issued no more frequently than every 12 months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit. Prior authorization will be permitted to ascertain that:*
 - i. The member is over age three and under age 21;*
 - ii. The member has a disability that causes incontinence of bladder or bowel, or both;*
 - iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the contractor; and*

The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.

Government Agency, Medical Society and Other Authoritative Publications:

[AHCCCS Medical Policy Manual \(AMPM\) Chapter 300, Medical Policy for Covered Services.](#)



[AHCCCS Medical Policy Manual \(AMPM\) Chapter 400, Medical Policy for Maternal and Child Health.](#)

Peer Reviewed Publications:

N/A

PLEASE NOTE: State and Federal law take precedence over prior authorization guidelines. CMDP reserves the right to review and update guidelines periodically. Providers are responsible for the treatment and recommendations provided to members.

APPROVAL HISTORY/REVISIONS

REVIEW DATE	APPROVAL DATE
01/29/2020	01/29/2020