OHCA Guidelines

Medical Procedure Class:	Incontinence Supplies Guidelines
Initial Implementation Date:	7/1/2015
Last Review Date:	June 2026
Effective Date:	June 1, 2026
Next Review/Revision Date:	June 2029

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☐ New Criteria X Revision of Existing Criteria

Summary

Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions

Diapers/briefs – incontinence items attached with tabs

Incontinence – the inability of the body to control urinary and/or bowel functions

Incontinence supplies and services – supplies used to alleviate or prevent skin breakdown or excoriation associated with incontinence

Liners – worn inside a diaper or pull-on to increase absorbency

Pull-on – incontinence items that do not attach with tabs and are a slip-on item for an ambulatory member or a member with cognitive ability to identify the need to remove the pull-on to urinate or defecate; independently care for his/her toileting needs or communicate to a caregiver of the need for assistance.

Medical Necessity - Services provided within the scope of the Oklahoma Medicaid Program shall meet medical necessity criteria. Requests by medical services providers for services in and of itself shall not constitute medical necessity. The Oklahoma Health Care Authority shall serve as the final authority pertaining to all determination of medical necessity. Medical necessity is established through consideration of the following standards:

1. Services must be medical in nature and must be consistent with accepted health care practice standards and guidelines for the prevention, diagnosis or treatment of symptoms of illness, disease or disability;
2. Documentation submitted in order to request services or substantiate previously provided services must demonstrate through adequate objective medical records; evidence sufficient to justify the client's need for the service;
3. Treatment of the client's condition, disease or injury must be based on reasonable and predictable health outcomes;
4. Services must be necessary to alleviate a medical condition and must be required for reasons other than convenience for the client, family, or medical provider;
5. Services must be delivered in the most cost-effective manner and most appropriate setting; and
6. Services must be appropriate for the client's age and health status and developed for the client to achieve, maintain or promote functional capacity.

HCPCS Codes Covered requiring PA	
A4335	Incontinence Supply (wipes)
A4927	Gloves, non-sterile, per box of 100 gloves
T4521-T4524 T4529-T4530 T4533;T4543	Disposable Brief or Diaper
T4525-T4528 T4531-T4532 T4534;T4544	Disposable Underwear or Pull-On
T4535	Disposable Liner/Shield/Guard/Pad
T4537	Reusable Under Pad, Bed Size
T4540	Reusable Under Pad, Chair Size
T4541-T4542	Disposable Under Pad

- Shipping costs are not reimbursed.
- Requests that exceed standard care limits require an additional Letter of Medical Necessity to explain why the standard limits do not meet the member's needs.

Approval Criteria:

I. GENERAL

1. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate objective medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1(f)(2)** referenced above under the heading of definitions.
2. Most patients vulnerable to skin breakdown are changed on average every 4-6 hours, with a maximum of every 2 hours during daytime hours. The frequency of changing the incontinence product depends on how absorbent the diaper/brief/pull on is and the severity of the incontinence. Most literature indicates to change products when soiled and check every 2 hours during awake hours.
3. When authorizing services, one unit = one diaper/brief/undergarment/pull-on/or one box of 100 gloves**.**

II. INDICATIONS

Documentation must include:

1. Signed and completed HCA-52 (ages 4-20) or HCA-52A (adults 21 and older) order form.
   Note: if sections VII and VIII are not completed, a signed provider prescription specifying the requested item, which must include the following information: (1) date of the order; (2) name of the ordering/referring practitioner; (3) name of the member;(4) all items, options or additional features that are separately billed, including a narrative description, a HCPCS code, a HCPCS narrative, or a brand name/model number, and (5) quantity per month needed for each item; **AND**
2. A documented diagnosis of an underlying medical condition, injury, or disability that involves loss of bladder or bowel control for incontinence supplies to be approved; a diagnosis of only urinary incontinence, fecal incontinence or enuresis is not sufficient. Examples include (but are not all inclusive) a diagnosis of neurogenic

bladder, spinal cord injuries, spina bifida, cerebral palsy, quadriplegia, paraplegia, neoplasm of the bladder or rectum, etc.; **AND**

3. Documentation that member has tried and failed other treatments for incontinence when indicated such as appropriate medications, pelvic floor exercises, bedside commode, and/or behavior modifications; **AND**
4. Documentation must include the height and weight of the member, the type of incontinence (bowel/bladder/combined) and expected length of need in order to support the size and amount of products requested; **AND**
5. The member must be ambulatory or in toilet training for requests submitted for underwear or pull-on(s), When a request for underwear or pull-on(s) is submitted and the member is noted to be both non-ambulatory AND unable to communicate needs, the request will be denied. For members receiving diapers/briefs, incontinence pads or liners, documentation must support the member is not amenable to a bowel/bladder training program or has failed a bowel/bladder training program.
6. The member may qualify for incontinence supplies for a short period of time when the member has documented full skin thickness injuries, such as Stage III/IV pressure ulcer(s) in the perineal/perianal area that would be exposed to urine and/or feces. Documentation should include the frequency and duration supplies are expected to be utilized when full skin thickness injuries are present. Supplies will be authorized for time periods no greater than 90 days in this instance. Additional 90-day increments will require a new authorization with documentation to support the request, including information regarding the wound. Requests for members with excoriation or dermatitis in the perineal area would not be allowed.
7. When requesting **A4335 Incontinence supplies**, documentation must be submitted specific to the supply being requested. Disposable wipes are used to clean the skin; other items such as the diaper, toilet paper, paper towels and washcloths can be used to initially clean the member, then disposable wipes can be used to clean the skin. **Disposable wipes are only allowed when diapers or pull-ons have been approved.**
8. When requesting **A4927 gloves, non-sterile, per 100**, documentation must be submitted to support the medical indication(s) for this supply. Gloves are allowed with documentation of incontinence and 1) genitourinary or gastrointestinal infection with a resistant organism such as Clostridium difficile (C.diff) or Methicillin-resistant Staphylococcus aureus (MRSA) or 2) when the member is immunocompromised. Payment for gloves will not be allowed: 1) for residents of nursing home or intermediate care facilities, 2) when used for routine hygiene, routine incontinence care or routine diabetes care, 3) when used by home health staff or staff from any other paid company as this is considered content of service, 4) when member has colonization of a resistant organism, such as C.diff or MRSA.

III. FREQUENCY

1. A new prescription is required at least annually.
2. An additional prescription is required if additional products not on the original prescription are requested. Documentation must support the need for additional items. If the provider is ordering additional services that were not on the initial order or increasing units for services already approved the physician will need to do one of the following:
    a) Submit a signed and dated order detailing what additional services are being requested along with supportive documentation that substantiates the change requiring the increased volume; **OR**

b) Amend the original request AND initial and date the changes.

3. Supplies for short periods of time due to full thickness skin injuries will be authorized for no more than 90 day increments.

IV. QUANTITY LIMITS

HCPCS	DESCRIPTION	MONTHLY	ANNUAL
A4335	Incontinence Supply Wipes	240	2,880
A4927	Gloves, non-sterile, per box of 100	2	24
T4521-T4524 T4529-T4530 T4533;T4543	Disposable Brief/Diaper	180	2,160
T4525-T4528 T4531-T4532 T4534;T4544	Disposable Underwear/Pull-On	150	1,800
T4535	Disposable Liner/Shield/Guard/Pad	150	1,800
T4537	Reusable Under Pad, Bed Size	2	24
T4540	Reusable Under Pad, Chair Size	2	24
T4541-T4542	Disposable Under Pad	60	720

- Any combination of Disposable Brief/Diapers and Disposable Underwear/Pull-Ons will not exceed 150 per month or 1,800 annually.
- Only 2 Reusable Under Pads allowed per month, not both Bed Size and Chair Size during the same month.
- Requests for amounts exceeding these quantity limits must be approved by the Medical Director.

REFERENCES:

1. Oklahoma Health Care Authority; Policies & Rules. OAC 317:30-5-211.21

2. UpToDate review for Incontinence-associated dermatitis, August 2025 https://www.uptodate.com/contents/incontinence-associated-dermatitis

3. Incontinence supplies & adult diapers Medicare doesn't cover incontinence pads or adult diapers.

4. Al-Samarrai, Nahla, MS; Uman, Gwen, RN, PHD; Al Samarrai, Teeb, MD; Alessi, Cathy, MD; “Introducing a New Incontinence Management System for Nursing Home Residents”, J Am Med Dir Assoc. 2007 May 8 (4) : 253-261.

5. Bruner, Mary, Carol Droegemueller, Sonja Rivers, and William E. Deuser “Prevention of Incontinence-Related Skin Breakdown for Acute and Critical Care Patients: Comparison of Two Products”, UROLOGIC NURSING/May-June 2012/Volume 32 Number 3/ Epub

6. Langemo, Diane, PhD, RN, FAAN & Distinguished Professor Emeritus & Adjunct Professor & University of North Dakota College of Nursing & Grand Forks, North Dakota; Darlene Hanson, MS, BSN, PhD(c) & Clinical Associate Professor & University of North Dakota College of Nursing & Grand Forks, North Dakota; Susan Hunter, MSN, RN & Associate Professor & University of North Dakota College of Nursing & Grand Forks, North Dakota; Patricia Thompson, MS, RN & Clinical Assistant Professor & University of North Dakota College of Nursing & Grand Forks, North Dakota; In Eui Oh, BSN, MS(c) &University of North Dakota College of Nursing & Grand Forks, North Dakota, “Incontinence and Incontinence Associated Dermatitis”, ADVANCES IN SKIN & WOUND CARE & VOL. 24 NO. 3.