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# Incontinence Medical Supplies

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This section contains program coverage and billing information for incontinence medical supplies. The information provided in this section applies to the incontinence medical supplies billing codes and contracted products on the following spreadsheets:

- [List of Contracted Incontinence Absorbent Products](#)
- [List of Contracted Incontinence Creams and Washes](#)
- [List of Incontinence Medical Supplies Billing Codes](#)

## **Program Coverage**

«Medi-Cal covers incontinence medical supplies (*Welfare & Institutions Code* [W&I Code], Section 14125.1[a]) when prescribed by a physician, nurse practitioner, clinical nurse specialist or a physician assistant within the scope of practice for use in chronic pathologic conditions that cause the recipient's incontinence (refer to Code I Restriction in this section).»

## **Minimum Age**

Medi-Cal does not reimburse for incontinence supplies for recipients younger than age 5.

Medi-Cal may reimburse for incontinence supplies through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental 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.

## **Contracted Incontinence Supplies**

The Department of Health Care Services (DHCS), pursuant to W&I Supplies Code, Section 14125, has negotiated non-exclusive contracts with interested distributors, manufacturers and relabelers of incontinence supplies for a maximum acquisition cost (MAC). The manufacturer, relabeler or distributor has guaranteed that Medi-Cal providers, upon request, will be able to purchase the contracted item at or below the MAC for dispensing to eligible Medi-Cal fee-for-service recipients.

The MAC contracts include products that meet the descriptions of the contracted billing codes listed in the *List of Incontinence Medical Supplies Billing Codes* spreadsheet. Claims using these billing codes are restricted to the contracted products in the *List of Contracted Incontinence Absorbent Products* and *List of Contracted Incontinence Creams and Washes* spreadsheets. Products that are not on either list are not reimbursable with or without a *Treatment Authorization Request (TAR)* or *Service Authorization Request (SAR)*.

Listing of contracted products does not guarantee the product's availability.

## Non-Contracted Incontinence Supplies

Any manufacturer's products matching the non-contracted billing codes (HCPCS) descriptions listed in the *List of Incontinence Supplies Medical Supplies Billing Codes* spreadsheet are covered.

The appropriate billing code (HCPCS) for the product dispensed must be on the claim for reimbursement.

## Code I Restriction

Incontinence supplies are reimbursable only for use in chronic pathologic conditions causing the recipient's incontinence. The primary ICD-10-CM and the secondary ICD-10-CM code must be entered on claims to reflect the condition causing the incontinence and the type of incontinence. Refer to the list of the acceptable secondary diagnosis codes in the Billing Requirement section. 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 authorization.

## Cost Limitation

The cost to the program for incontinence supplies without authorization is limited to \$165, including sales tax and markup, per patient, per calendar month (W&I Code, Section 14125.4). The affected supplies 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.

## Nursing Facilities Restrictions

Incontinence supplies provided to patients in a Nursing Facility Level A (NF-A), Nursing Facility Level B (NF-B) or Intermediate Care Facility – Developmentally Disabled (ICF/DD) are reimbursed as part of the facility's daily rate and are not separately reimbursable. Providers who bill Medi-Cal for incontinence supplies for NF-A, NF-B or ICF/DD patients are subject to administrative or criminal action. Providers are responsible for determining that recipients are not residents in a NF-A, NF-B or ICF/DD.

Incontinence supplies provided to recipients in Intermediate Care Facilities – Developmentally Disabled, Habilitative (ICF/DD-H) or Intermediate Care Facilities – Developmentally Disabled, Nursing (ICF/DD-N) are separately reimbursable when a *Treatment Authorization Request (TAR)* is authorized by the San Bernardino Medi-Cal Field Office and if billed by an incontinence supply provider.

## **Supplies Limited Use**

Incontinence supplies (as with all Medi-Cal reimbursed items) are the property of the Medi-Cal recipient and are not to be shared with other recipients. Incontinence supplies must be labeled at least with the patient's name and physically separated from other patients' property to avoid mixing. When the recipient leaves a facility, the Medi-Cal reimbursed items must be sent with them.

## **Eligibility Requirements**

For incontinence supplies to be reimbursable, the recipient must be eligible for Medi-Cal on the date of service. Providers should verify a recipient's eligibility for the month of service before dispensing supplies. Claims received for services rendered to ineligible recipients will be denied. Refer to the *AEVS: Transactions* section of the Part 1 manual for information about how to reserve a Medi-Service. If using the internet, refer to the *Medi-Cal Web Site Quick Start Guide*.

## **Other Health Coverage Documentation**

Medical supply providers do not need to submit a copy of Other Health Coverage (OHC) denial with every claim. After submitting an initial claim with documentation proving that OHC does not cover a specific incontinence supply code, providers may submit claims for that specific supply code for the same recipient without proof of OHC denial for one year (12 months). Additional information includes:

- The one-year period begins on the date of the explanation of benefits (EOB), denial letter or dated statement of non-covered benefits.
- OHC denial claims history is billing-code specific. Providers must submit an OHC denial for each billing code. However, providers can use the same OHC denial letter or dated statement of non-covered benefits for each billing code as long as it clearly states all incontinence supplies are not a covered benefit.
- The one-year documentation exemption does not apply to recipients who change to a different OHC carrier during the year. Providers should check recipients' OHC status at each visit. If a recipient changes to a different OHC, a new EOB, denial letter or dated statement of non-covered benefits is required from the new carrier.

Refer to the *Other Health Coverage* (OHC) section of this manual for additional OHC billing information.

## **Self-Certification For Other Health Coverage**

The ability to self-certify for OHC on pharmacy claims does not apply to incontinence supplies.

## **DME/Pharmacy Providers: Disclosure Form Requirements**

Durable Medical Equipment (DME) and Pharmacy providers are required to complete a *Dealers in Durable Medical Equipment (DME) or Supplies* disclosure form if they provide incontinence medical supplies.

Reimbursement will be made only after providers have disclosed that they supply incontinence supplies and the disclosure form is on file with the DHCS Provider Enrollment Division. To request the disclosure form, providers must use their office letterhead and address the request to:

DHCS Provider Enrollment Division  
MS 4704-4724  
P.O. Box 997412  
Sacramento, CA 95899-7412

### **Legal Liability**

Providers will be prosecuted for improper or unlawful acts perpetrated in the billing of these supplies. NF-A and NF-B providers, board and care operators, prescribers and Medi-Cal recipients may also be legally liable if they participate in such unlawful acts.

### **Fraud and Abuse**

DHCS would appreciate any reports of unlawful or questionable activities on this or any matter involving services rendered to Medi-Cal recipients. Send reports involving incontinence supplies to:

Case Development Section  
P.O. Box 997413  
Sacramento, CA 95899-7413  
(916) 440-7460

Complaints can also be registered at the following DHCS investigation line number: 1-800-822-6222.

## **Prescription Requirements**

«A written prescription (or electronic equivalent), signed and dated by the recipient's physician, nurse practitioner, clinical nurse specialist or physician assistant within the scope of practice is required, ordering only those supplies necessary for the care of the recipient. A prescriber must review the recipient's need for the supply annually.

The prescription must be dated within 12 months of the date of service on the claim.

In addition to the prescriber's signature and date prescribed, all of the following information must be clearly supplied on the prescription form:

- Recipient's name
- Full name, address and telephone number of the prescribing provider, if not pre-printed on the prescription»
- Diagnosis name and ICD-10-CM code specific to the medical condition/diagnosis causing incontinence
- Diagnosis name and ICD-10-CM code specific to the type of incontinence for which the supply is required
- Supply description or product type
- Anticipated frequency of use
- Quantity to be dispensed

## **Prescription Retention**

«The prescription with the prescriber's original signature must be retained in the dispensing provider's files for a minimum of three years from the date of service. A copy of the prescription must be retained by the prescriber in the recipient's records for a minimum of three years.»

## **“Blanket” Orders**

“Blanket” incontinence supply orders covering more than one patient or orders not specific to a product type and quantity are not permitted. Furthermore, reimbursement for supply orders is subject to recovery of the full amount paid if the following are not specifically stated in the dispensing provider's records:

- Patient identification
- Condition causing the patient's incontinence
- Item and anticipated rate of use per 30-day duration

## **Authorization Requirements**

Refer to the *List of Incontinence Medical Supplies Billing Codes* spreadsheet for billing codes that require authorization for coverage.

In addition, authorization is required if at least one of the following conditions is met:

- The recipient requires a quantity that exceeds the quantity limits.
- The incontinence supplies are dispensed to a recipient that resides in an ICF/DD-H or ICF/DD-N.
- The recipient does not meet the Code I restriction.
- All the necessary incontinence supplies (excluding creams and washes) for a recipient exceed \$165 (including sales tax and markup) per month.

Incontinence supplies providers may submit a *Treatment Authorization Request (TAR)* or *Service Authorization Request (SAR)* for authorization. Providers may refer to the *TAR Completion* section of this manual for additional TAR information. TARs must be submitted to the TAR Processing Center. Providers may refer to the *California Children's Services (CCS) Program Service Authorization Request (SAR)* section of this manual for instructions for submitting a SAR or contact a California Children's Services (CCS) program/Genetically Handicapped Persons Program (GHPP) representative.

A completed *Incontinence Supplies Medical Necessity Certification (DHCS 6187)* form must accompany the authorization request. A provider-generated form is not acceptable.

The DHCS 6187 form can be found on the Forms page of the Medi-Cal website.

**Note:** The authorization request will be deferred and returned to the provider if the DHCS 6187 form is incomplete or not included with the request. To facilitate completion, providers may refer to the instructions on the form.

## Supplies Exceeding \$165 Per Month Limit

When completing a TAR, request the number of supply units exceeding the limit multiplied by the number of months requested. Enter this number in the *Quantity* box on the TAR form. Leave the *Units of Service* box blank.

For example, if the recipient requires \$179.89 per month for supplies, a TAR is required for the additional \$14.89 per month. The TAR must indicate the number of supply units that equals \$14.89 per month (25 briefs X cost of each + markup + applicable sales tax) times the number of months requested (six). In this example, the TAR would be completed requesting 150 briefs in a six-month period (25 X 6), not six dispensings of 25 briefs. Providers must show calculations on the TAR form for each requested supply exceeding \$165 per recipient per month.

**Note:** The claim quantity must not exceed a one-month supply in a 27-day period for incontinence products that are billed with a TAR/SAR that is used to exceed the \$165 monthly limit.

## Reusable Protective Underwear/Pull-On (T4536)

Authorization is required for reimbursement of HCPCS code T4536 (incontinence product, protective underwear/pull-on, reusable, any size, each). The documentation provided must include a detailed explanation, as documented in the recipient's medical record, that supports all of the following:

- There is a need for reusable protective underwear to be used with absorbent products for the recipient's type of incontinence (Providers may refer to the acceptable secondary ICD-10-CM diagnosis codes listed under the Billing Requirements heading in this section).
- Alternative products on the *List of Contracted Incontinence Absorbent Products* have been tried, have failed or are contraindicated. Alternative products on the list include:
  - Liners, shields, guards, pads and undergarments, available in various shapes, sizes and absorbency levels used with regular underwear (household item)
  - Disposable protective underwear/pull-on (pants with built-in pad)

## **Billing Requirements**

Billing codes (HCPCS Level II codes) for contracted and non-contracted incontinence supplies required on claims are listed in the *List of Incontinence Medical Supplies Billing Codes*.

### **Quantity Limits**

Refer to the *List of Incontinence Medical Supplies Billing Codes* for the maximum quantities allowed without authorization. The quantity billed for incontinence products with or without authorization must not exceed a one-month supply in a 27-day period. Refer to the *List of Incontinence Medical Supplies Billing Codes* for quantity limits allowed without authorization in a 27-day period.

Incontinence products supplied as refills are reimbursable if the product remains reasonable and necessary and the existing supply is nearly exhausted.

### **Universal Product Number**

Claims for contracted billing codes (HCPCS) must also include the Universal Product Number (UPN) for the product dispensed as published in the spreadsheets.

**Note:** The UPN on the claim must be the exact UPN for the product dispensed.

### **UPN Qualifier**

The UPN qualifier is a two-character code that distinguishes the type of UPN. This code is required on every claim line that contains a UPN. Claims for contracted incontinence supplies require the UPN qualifiers as published in the spreadsheets.

For a list of UPN qualifiers and instructions about entering the qualifier/UPN number on the claim, refer to the *CMS-1500 Completion* section in the appropriate Part 2 manual.



## Diagnosis Codes

The primary ICD-10-CM and the secondary ICD-10-CM diagnosis codes must be entered on claims to reflect the condition causing the incontinence and the type of incontinence. Please refer to the Code I Restriction in this section.

Only the following ICD-10-CM diagnosis codes are acceptable as a secondary diagnosis:

F98.0	R15.2
F98.1	R15.9
N39.3	R30.1
N39.41 thru N39.46	R32
N39.490 thru N39.492	R39.2
N39.498	R39.81 thru R39.9

## Claim and Invoice Attachment Examples

A sample incontinence claim is included in the *Incontinence Medical Supplies Example: CMS-1500* section and an invoice attachment example is included in the *Medical Supplies: Billing Examples* section, both in the appropriate Part 2 manuals.

Providers are required to submit electronic incontinence supply transactions in the 837 v.5010A1 professional format using the *CMS-1500* claim format.

## **Reimbursement**

Incontinence supply reimbursement guidelines are as follows.

### **Upper Billing Limit**

Claims submitted pursuant to *California Code of Regulations (CCR)*, Title 22, Section 51008 for incontinence supplies shall not exceed an amount that is the lesser of:

- The usual charges made to the general public, or
- The net purchase price of the item (including all discounts and rebates), plus no more than 100 percent markup. Documentation shall include, but not be limited to, evidence of purchase such as invoices or receipts.
  - Net purchase price is defined as the actual cost to the provider to purchase the item from the seller, including refunds, rebates, discounts or any other price reducing allowances, known by the provider at the time of billing the Medi-Cal program for the item, that reduce the item's invoice amount.
  - The net purchase price shall reflect price reductions guaranteed by any contract to be applied to the item(s) billed to the Medi-Cal program.
  - The net purchase price shall not include provider costs associated with late payment penalties, interest, inventory costs, taxes, or labor.
  - Providers shall not submit bills for items obtained at no cost.

### **Maximum Reimbursement**

The maximum amount reimbursed to providers will be the lesser of:

- The usual charges made to the general public;
- The net purchase price of the item (including all discounts and rebates), plus no more than 100 percent markup;
- The price on file (MAPC or MAC) for the item plus the 38 percent dealer markup and tax (if applicable); or
- A documented cost of the item (catalog, invoice or manufacturer price list), plus the 38 percent dealer markup and tax (if applicable).

## **Maximum Acquisition Cost (MAC)**

The price on file for certain incontinence medical supplies is a contracted maximum acquisition cost (MAC). The manufacturer, relabeler or distributor has guaranteed that Medi-Cal providers, upon request, will be able to purchase the contracted item at or below the MAC for dispensing to eligible Medi-Cal fee-for-service recipients.

## **By Report**

Claims must include documentation of product cost (invoice, manufacturer catalog page or price list) as an attachment to the claim for reimbursement. The product name must be clearly identifiable on the documentation.

## **Sales Tax**

Sales tax on taxable items is included in the Medi-Cal reimbursement. Providers should include sales tax on Medi-Cal claims for taxable incontinence supplies. Providers must report sales tax, including the amount received from Medi-Cal, to the Board of Equalization. For more information, see the *Taxable and Non-Taxable Items* section in the appropriate Part 2 manual.

## **Guaranteed Prices**

Each contracted incontinence product must meet the specifications in the manufacturer, distributor or relabeler's contract with DHCS. The contractors have guaranteed that Medi-Cal providers can purchase, upon request, the contracted product at or below the MAC for dispensing to eligible Medi-Cal recipients.

## **Purchase Price**

The purchase price includes delivery to the provider. Purchases are subject to the contractor's normal business practices including credit checks and delivery requirements.

## **Toll-Free Telephone Numbers for Contractors**

The following are toll-free numbers for ordering contracted medical supplies or to obtain contractor assistance in locating a distributor to supply the products at or below the contracted MAC. Providers should inform the contractor that they are a Medi-Cal provider.

«Table of Toll-Free Telephone Numbers for Contractors»

<b>Contractor/Manufacturer</b>	<b>Toll-free Telephone Number</b>
Attends Health Care Products, Inc. (DOMTAR)	1-800-428-8363
Bandz, Inc.	1-800-743-5966
Convatec	1-800-422-8811
Cardinal Health 200 LLC	1-800-962-9888
Essity HMS North America, Inc. (TENA)	1-866-275-8362
First Quality	1-800-726-6910
FNC Medical Corporation	1-800-440-2888
Hartmann USA	1-800-243-2294
Ideal Brands	1-888-433-2550
McKesson	1-800-446-3008
Medline	1-800-633-5463
Presto	1-877-202-4652
San Pablo Commercial Corporation	1-805-232-4271
Secure Personal Care Products	1-866-440-0049
Sigma Supply & Distribution, Inc.	1-877-744-6252
Smart Choice	1-800-768-3801

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