



Michelle Baass | Director

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Index: Medical Supplies

TO: All County California Children’s Services Program
Administrators, Medical Consultants, Clinical Assurance
Division, and Integrated Systems of Care Division Staff

SUBJECT: Authorization for Purchase of Incontinence Medical Supplies

I. PURPOSE

The purpose of this Numbered Letter (NL) is to provide specific policy for Incontinence Medical Supplies (IMS) related to California Children’s Services (CCS) beneficiary access and to:

- A. Provide county and state CCS Program staff with instructions and policy guidelines for determining medical necessity and authorizing purchase of IMS which could be outside the coverage criteria for Fee-For-Service (FFS) Medi-Cal.
- B. Instruct county and state CCS Program staff in implementing procedures for authorization of IMS.

II. DEFINITIONS

The following definitions apply for this NL:

- A. “Incontinence” means the inability of an individual to voluntarily control bladder and/or bowel excretory functions.
- B. “Incontinence Medical Supplies” are medical supplies required for the care of an incontinent patient, limited to the categories of items classified as IMS in Title 22, California Code of Regulations (CCR) and waterproof sheeting, which is classified as a standard medical supply.¹ Also included as required in the

¹ Title 22, California Code of Regulations, 22 CCR § 51526

Welfare and Institutions Code, but not listed in Title 22, are creams and washes limited to incontinence skin care.

- C. “Chronic” means a condition not expected to resolve within two months of onset.
- D. “Listed” or “Contracted” means an item that is a Medi-Cal benefit and for which Medi-Cal has a manufacturer’s purchasing contract. “Unlisted” or “Noncontracted” means an item that is not a benefit of Medi-Cal and for which the Medi-Cal Program does not have a manufacturer’s purchasing contract.

III. BACKGROUND

A. Medi-Cal Program IMS Benefits and Authorization Procedures

The FFS Medi-Cal Program contracts with individual IMS manufacturers to provide IMS to Medi-Cal providers at a negotiated rate. These IMS products are referred to as “listed” or “contracted” products and are identified by the individual billing codes assigned to each manufacturer and product. There is a set Medi-Cal reimbursement for each item. Refer to the Medi-Cal Provider Manual.² IMS are not a benefit of the Medi-Cal Rx Program as they are not a pharmacy-billed benefit.

Listed or contracted IMS are a benefit of Medi-Cal when prescribed by a physician in accordance with Title 22, CCR, for children five years of age or older whose incontinence is caused by a chronic pathologic condition.³ Additionally, Medi-Cal covers noncontracted IMS if the noncontracted billing code descriptions are listed on the List of Incontinence Medical Supplies Billing Codes.⁴ The appropriate billing code for the product dispensed must be on the claim for reimbursement. Medi-Cal may provide IMS to beneficiaries under five years of age with full-scope, no share of cost (SOC) coverage, and qualification for Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit, now referred to as Medi-Cal for Kids and Teens. Clinical documentation must provide medical necessity if 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.

² [Incontinence Medical Supplies \(incont\)](#)

³ Title 22, California Code of Regulations, 22 CCR § 51526

⁴ [Incontinence Medical Supplies \(incont\)](#)

A Medi-Cal IMS provider may provide listed items to beneficiaries five years of age or older without prior authorization and directly bill the fiscal intermediary up to the limit set by Medi-Cal. Incontinence creams and washes may be claimed without authorization, in addition to the IMS limit. Requests for items exceeding the monthly Medi-Cal limit and items not included in the Medi-Cal contracts require prior authorization.

Medi-Cal does not authorize or separately reimburse IMS for patients residing in an Intermediate Care Facility for the Developmentally Disabled (ICF-DD), as these items are included in the daily reimbursement of the facility. However, it separately authorizes and reimburses IMS for beneficiaries residing in ICF/DD-Habilitative or ICF/DD-Nursing facilities, including pediatric subacute facilities.

B. CCS Program IMS Benefits and Authorizations

The CCS Program requires prior authorization of all services including IMS. However, the fiscal intermediary system allows CCS providers to claim directly (without authorization) to Medi-Cal for contracted items up to the Medi-Cal monthly limit for CCS beneficiaries five years of age or older with full scope FFS Medi-Cal. Controls within the claims payment system ensure an appropriate incontinence medical diagnosis is indicated on the claim as per Medi-Cal coverage criteria.

This direct billing method is not possible for beneficiaries enrolled in Medi-Cal Managed Care Plans (MCPs), CCS-only beneficiaries, children under five years old, or for claims for unlisted IMS.

IV. POLICY

- A. County and state CCS Program staff shall determine medical necessity and authorize IMS for the following beneficiaries:
1. Beneficiaries enrolled in Medi-Cal MCPs in which the treatment of the CCS-eligible condition is carved out;
 2. CCS-only beneficiaries;
 3. FFS CCS/Medi-Cal beneficiaries when:
 - a. The beneficiary is under five years of age; or
 - b. The request is for unlisted, noncontracted IMS; or

- c. The provider is directly claiming for the Medi-Cal limit of IMS and the request is for authorization of IMS in excess of the Medi-Cal monthly limit.

B. Medical Necessity Criteria (See Also Section IV.A):

1. All CCS Beneficiaries

IMS shall only be authorized for CCS beneficiaries who:

- a. Are actively case-managed by CCS for services other than IMS and are receiving CCS authorized medical services other than IMS for the CCS-eligible medical condition causing incontinence; and
- b. Have received CCS-authorized medical care for the CCS-eligible medical condition causing the incontinence from or under the direction of a CCS-paneled physician within the preceding 12 months.

2. CCS Beneficiaries Three Years of Age or Older:

IMS may be authorized for CCS beneficiaries three years of age or older, regardless of payer source, when the criteria in Section IV.B. above is met and a CCS-eligible medical condition is the primary cause of the beneficiary's chronic incontinence.

These conditions include, but are not limited to:

- a. Congenital anomalies of the genitourinary or gastrointestinal tract;
- b. Congenital or acquired disorders resulting in neurogenic bladder or bowel, and which have not responded to treatment;
- c. Neuromuscular disorders which prevent the development of motor skills necessary for continence or independent toileting, including cerebral palsy; and/or
- d. Other medical conditions which, when reviewed by the CCS Program Medical Consultant, are determined to be justified.

3. Beneficiaries Less Than Three Years of Age:

IMS may be authorized for CCS beneficiaries less than three years of age, regardless of payer source, only when the beneficiary meets the medical necessity criteria listed in paragraph IV.B.2 and the eligible medical

condition causes utilization of supplies beyond the usual amount required for a child of that age.

Authorization shall be limited to the amount of supplies that exceeds the usual need for age.

4. Ineligible Conditions

IMS shall not be authorized for CCS beneficiaries of any age when:

- a. The CCS-eligible medical condition is not the primary cause of the incontinence.
- b. The CCS-eligible medical condition is acute and is expected to respond to treatment or be self-limiting within two months of onset, or is limited to the post-operative or post-injury period not expected to exceed two months, including hygiene needs due to casting or temporary immobilization.
- c. The incontinence is limited to night-time only (nocturnal enuresis), whether or not a CCS-eligible medical condition exists, except for renal disorders resulting in inability to concentrate urine.
- d. The child has not requested or received regular CCS case management or CCS-authorized medical services within the past year for the CCS-eligible medical condition causing the incontinence. This includes beneficiaries with private insurance who request only IMS from CCS.
- e. The beneficiary is less than the age of three years, with the exception of those beneficiaries whose eligible medical condition as listed in Section IV.B.2. results in diaper utilization beyond the usual need for this age.

V. POLICY IMPLEMENTATION

A. Incontinence Medical Supply Products

1. Contracted Items

IMS include those items that are provided by FFS Medi-Cal contracted manufacturers and itemized in the Medi-Cal Provider Manual available

online at Incontinence Medical Supplies.⁵

The IMS provider must dispense contracted items unless prior authorization is obtained from CCS specifically for a noncontracted brand-name product.

- a. Contracted items are available in a variety of brands and are significantly less costly to the program than noncontracted name brands. Contracted IMS include the following:

- (1) Items that are worn:

- (a) Diapers or briefs: Disposable, fold-out with adhesive tabs, for patients weighing over 33 lbs.

Medi-Cal has not contracted to provide diapers in the infant/toddler size range (under 33 lbs.) or disposable elasticized “pull-ups” in any size. All brands of “pull-ups” are noncontracted and require specific medical necessity justification.

- (b) Re-usable washable cloth or mesh pants: Similar to children’s training panties, in youth and adult sizes.

- (c) Pant and Pad system: Re-usable washable pant with disposable pad worn inside the pant

- (d) Shields, Liners, and Pads: Disposable liner to be worn inside an article of clothing and suitable only for light incontinence.

- (2) Creams and Washes to be used for incontinence-related skin care only, covered as IMS and listed in the Medi-Cal Provider Manual. (For FFS Medi-Cal beneficiaries, these are available without authorization outside of the Medi-Cal monthly limit). Medical documentation must show that standard cleansers or soap and water will not meet the medical needs of the child.

- (3) Items to protect bedding or furniture:

- (a) Disposable under pads: Flat plastic-lined disposable pads that are used to protect patient bedding or other support furniture,

⁵ [Incontinence Medical Supplies \(incont\)](#)

but may also be used as an alternative to products worn by the patient. These are available in many sizes, and some have adhesive strips.

- (b) Washable rubberized flannel-backed flatbed sheeting: covered as a medical supply, not as an incontinent medical supply. These are limited to a quantity of two (2) per 365-day period.

Note: Fitted or zippered mattress covers are considered a convenience item and are not contracted for by Medi-Cal.

2. Noncontracted and Name-Brand Items

IMS that are not contracted by Medi-Cal may be medically necessary in limited situations. Documentation must show that none of the contracted brands or products meet the medical needs of the beneficiary. Any manufacturer's products matching the noncontracted billing code (HCPCS) descriptions listed in the List of Incontinence Supplies Medical Supplies Billing Codes are covered.⁶ The appropriate billing code (HCPCS) for the dispensed product must be on the claim for reimbursement. Variations in fit, absorption, rash, latex sensitivity, caregiver convenience, etc. do not usually justify such items, and they should not routinely be authorized for these reasons. All contracted diapers are allergen and latex-free.

The following noncontracted name-brand items may be authorized only if the beneficiary meets these criteria in addition to the medical necessity criteria in Section IV above. They may be a CCS benefit with an approved SAR:

- a. Infant diapers (also called briefs): For beneficiaries weighing less than 33 lbs.: Medi-Cal does not contract for any infant or toddler-sized diapers that fit this beneficiary size.
- b. Toddler-sized disposable elasticized "pull-ups": For beneficiaries three years of age or older who meet either of the following criteria:
 - (1) The beneficiary has the cognitive and motor skills to participate in a toilet training program, and there is documentation of participation and progress in an ongoing program. Initial authorizations for this purpose shall be limited to a period of 12 months, and

⁶ [Incontinence Medical Supplies \(incont\)](#)

reauthorization requires documentation of progress made and an ongoing plan.

(2) The beneficiary is partially or fully independent in toileting and is mainstreamed into the public for school or employment, and there is documentation that the request is for purposes of maintaining beneficiary self-care or dignity.

(3) Other compelling medical needs exist as determined by the CCS Program Medical Consultant.

c. Other noncontracted specialty diapers: Only for individual beneficiaries whose unusual medical or physical requirements justify the request, including but not limited to, morbid obesity or severe or unusual physical deformities.

3. Non-Benefit Items:

Items which are considered personal hygiene products or convenience items and are not benefits include: disposable wet wipes in any brand, standard soap products, and fitted elasticized mattress covers.

B. Requests for Authorization:

1. Beneficiaries Five Years of Age or Older with FFS Medi-Cal

The provider may have exercised the option to bill directly for Medi-Cal contracted products totaling up to the Medi-Cal monthly limit, or creams and washes in any amount. However, for noncontracted or name brand items in any amount or for items in excess of the Medi-Cal monthly limit, CCS prior authorization is required. The IMS provider shall submit with the request an itemized list of IMS being dispensed under the Medi-Cal monthly limit and clearly indicate which items are requested in excess of the limit. CCS may then authorize as for all other beneficiaries in Section V.B.2. below.

2. All Other Beneficiaries

The provider shall follow standard CCS prior authorization request procedures. The provider shall submit with the request an itemized list of all IMS being requested as described in Section V.B.3. below.

3. Documentation Required

All requests for authorization of IMS shall be accompanied by the following documentation:

a. Completed Incontinence Supplies Medical Necessity Certification

- (1) The IMS provider shall submit a completed Medi-Cal Incontinence Supplies Medical Necessity Certification DHCS 6187 Form to the county for all beneficiaries regardless of payer source.⁷ It is the IMS provider's responsibility to complete the form. The provider must indicate the usage in terms of daily and monthly numbers of each item used, not in case lots. Providers may submit their own computer-generated request list if it includes all information on the Medi-Cal form. Requests not itemized, including product description, daily and monthly usage quantities, billing codes, and prices for noncontracted items, shall not be accepted.
- (2) If the request is for a FFS Medi-Cal beneficiary five years of age or older for IMS exceeding the Medi-Cal monthly limit (excluding creams and washes) or including noncontracted items, the IMS provider must clearly indicate on the form those products already dispensed within the limit, and those in excess of the limit. Medical justification must be given for the excess products requested beyond those available within the limit.

b. Provider's Statement of Medical Justification

For any noncontracted or name-brand items, the provider shall specifically document why a contracted item is not sufficient to meet the needs of the beneficiary.

C. Authorizations

1. Prior authorizations shall be granted for the period of the beneficiary's CCS eligibility, but not to exceed 12 months.
2. Beneficiaries less than five years old may have IMS authorized as follows:
 - a. Those who have full-scope, no SOC Medi-Cal, are eligible for IMS only as an EPSDT benefit, not as a regular Medi-Cal benefit, providing medical justification via an approved Medi-Cal Treatment Authorization Request (TAR).
 - b. All other beneficiaries in this age group may have IMS authorized as a CCS-only benefit.

⁷ [Incontinence Supplies Medical Necessity Certification \(DHCS 6187\)](#)

3. Beneficiaries five years of age or older may have IMS authorized as follows:
 - a. Full scope, FFS Medi-Cal beneficiaries are eligible for items contracted by Medi-Cal as a regular Medi-Cal benefit. IMS not contracted by Medi-Cal, such as name-brand items, shall be authorized as an unlisted medical supply, and do not require authorization as EPSDT.
 - b. All other beneficiaries in this age group may have IMS authorized as a CCS-only benefit.
 - c. The authorization statement for all beneficiaries regardless of payer source shall include all of the required information in the Medi-Cal Incontinence Supplies Medical Necessity Certification DHCS 6187 Form.
4. Authorizations for “blanket services” such as “incontinence supplies as needed”, “diapers for six months”, or “diapers as per Medi-Cal limits” are not specific and shall not be issued.
5. For FFS Medi-Cal beneficiaries five years of age or older: If the authorization request is for items in excess of those already dispensed within the Medi-Cal monthly limit, the authorization issued must clearly indicate that only those items outside of the direct claiming limit are being authorized.
6. Authorizations for beneficiaries less than five years of age and eligible for EPSDT pursuant to 2.a of this Section must include instructions to the provider to claim as EPSDT.
7. It is suggested that an incontinence supply flow chart be established for each beneficiary’s chart for the case manager’s use in review and record keeping.

It is the responsibility of the IMS provider to provide CCS with accurate product and quantity information required for the authorization request and claim. It is the CCS staff’s responsibility to verify that the quantities, codes, and product information are correct.

D. Denied Requests

An IMS provider whose prior authorization request has been denied by CCS may submit the request to Medi-Cal for Medi-Cal beneficiaries. The provider must include a copy of the CCS Notice of Action (NOA) related to the denial with the request to Medi-Cal. The CCS NOA language must accurately relate the reason for the denial, as follows:

1. If incontinence is not primarily due to the CCS-eligible medical condition, state: "Medical documentation does not support that the beneficiary's incontinence is primarily due to the CCS-eligible medical condition."
2. If the requested item is not medically necessary, state: "(The requested item) is not determined to be medically necessary to treat the CCS-eligible medical condition." This example would include denials for excessive quantities, or denied requests for an unlisted item when a listed item would be adequate.
3. If requested items are within the expected usage for a beneficiary under three years old, state: "The request does not meet the CCS criteria for authorization of IMS for beneficiaries in this age group."
4. If requested items are convenience items or standard household products that are not a benefit, state: "The requested item is not a benefit of the CCS Program."
5. If the denial is administrative, use standard CCS denial language.

If you have any questions about this NL, contact ISCD-MedicalPolicy@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Cortney Maslyn, Chief
Integrated Systems of Care Division
Department of Health Care Services