

July 17, 2003

CORRECTED VERSION

CCS Information Notice No.: 03-12

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, STATE CHILDREN'S
MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE
STAFF

SUBJECT: N.L. 08-0703 INCONTINENCE MEDICAL SUPPLIES INSERVICE

Two statewide conference calls have been scheduled to provide information regarding N.L.: 08-0703, Incontinence Medical Supplies. It is highly recommended that staff who reviews authorizations for incontinence supplies, as well as Early Periodic Screening Diagnosis, and Treatment Supplemental Services (EPSDT-SS) supervisors, participate in one of the conference calls. Please review the numbered letter (available on the CMS website at www.dhs.ca.gov/pcf/cms), the Medi-Cal provider manual regarding incontinence supplies (available at www.medi-cal.ca.gov), and CCS county EPSDT-SS guidelines prior to the conference call.

Two dates have been selected to allow County CCS programs to choose the best date/time to participate in the conference call.

Please select one of the following:

July 29, 2003	1:15 – 3:30 p.m.
Phone Number:	1-877-675-1804
Passcode:	379509
Leader:	Judy Cook, M.D.

Or



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Children's Medical Services Branch
714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcf/cms>

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July 30, 2003 9:15 – 11:30 a.m.
Phone Number: 1-877-675-1804
Passcode: 379509
Leader: Judy Cook, M.D.

Enclosed is a case review guideline with case scenarios, and an addendum to the product supply chart, that will be discussed during the call.

Since available telephone lines are limited, county CCS programs are asked to please participate on only one of the dates and use only one line per county. If too many individuals dial into the call, access may be denied to some local program staff. Please email your selected date to kleach@dhs.ca.gov.

There will be roll call during the first few minutes of the call. During the call, please place your phone on “mute” to avoid background noise, unless you’re speaking.

If you have questions about the logistics of the call, please contact Ken Leach, at (916) 323-8011.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children’s Medical Services Branch

Enclosure

ADDENDEM TO INCONTINENCE SUPPLY CHART-Revised July, 2003
(Accompanies N.L.: 08-0703)

Replacement for **name brand (unlisted)** diapers and pull-ups

The following brands are now being carried by all Medi-Cal incontinence supply providers and are intended to be dispensed **INSTEAD OF** other name brands such as Huggies, Goodnights, Attends, etc.
These are equal quality diapers made by Kendall, and are approximately half the cost of the Huggies (whose pull-ups were costing \$1.80 each!)

****When you receive a request for Huggies, etc., please ask the provider to change the request to specify one of the following brands as being the less costly alternative, or modify the request to specify one of the following brands. Note that there are only two miscellaneous codes for the diapers and one for pull-ups.**

Diapers (fit clients approx. 33# and over)- Replacement for Huggies Baby Diapers

Dryer Diapers—code **9999azz**. Sizes: “step 3”—168/case 16-28#
“step 4”—152/case 22-37#
“step 5”—136/case 27+ #
“step 6”—112/case 35+ #

OR

All Dry Baby Diapers—code **9999avs** Sizes: “step 3”—225/case 16-28#
“step4”—192/case 22-37#
“step 5”—176/case 27+ #
“step 6”—120/case 35+ #

Pullups for toddlers and children

Replacement for Goodnites: KE Sleep Pants—code **9999ake** Sizes 45-125#

Replacement for Huggies pull-ups: Run Arounds Pull-Ups—code **9999ake**
Sizes med., lg., & Xlg.

Replacement for Huggies Supreme: Curity (KE) Ultra Fit—code **9999ake**

Your assistance in helping to limit program expenditures is appreciated!

N.L. Incontinence Medical Supply
In-service Outline
July 29 & 30, 2003

CASE REVIEW

- Routine:
1. Eligibility: FS FFS Medi-Cal, CCS only, Private HMO, etc.
 2. Age: Under 3, Under 5, Over 5
 3. Listed or Unlisted; EPSDT or regular Medi-Cal
 4. Eligible condition - what is the primary cause of incontinence?
 5. Actively case managed for cause of incontinence?
 6. Paneled provider with current reports?
 7. What items and quantities are medically necessary?
 8. If unlisted or EPSDT-SS, what brands and codes are least costly?
 9. If denial, what is correct reason?

Case 1:

6 y.o. Spina bifida. FFS Medi-Cal.

Requests "diapers", states using 3-4/day, requested quantity 120/month.

Medical Record: Cath'd qid and dry most of time between cath. as per report of paneled neurologist within past year.

Case 2:

Same as #1 but requests "Huggies Goodnites pull-ups" 3-4/day, quantity 120/mo. Also creams, washes and 60 underpads per month

Medical Record: Cath'd qid and usually dry. States: important for self-esteem since attends school and assists/independent in changes and cathing.

Case 3:

18 month old short-bowel syndrome, FSS Medi-Cal. Requesting 410 Huggies diapers per month, creams, washes and 90 underpads per month. Daily usage not stated. Medical record, paneled GI specialist within 6 months: Stools over 10/day.

Case 4:

12 year old. “Congenital quadriplegia, C.P., schizencephaly, chromosome deletion.” Requesting 120 Huggies pull-ups per month. Only medical record available is from Primary care physician paneled F.P., but only record in year is for U.R.I visit, and also M.T.U. report from 9 months ago: states is dependent for all care, not communicative, smiles responsively, not ambulatory. Mild-moderate U.E. spasticity and heel cord tightening. No meds. Recommend follow q 6 mo. for family teaching, monitoring.

Case 5:

12 y.o. “C.P., seizures, GTT for most feeds.” Requesting 180 Huggies pull-ups per month. Medical Record from paneled neurologist, M.T.U., and GI center within past year. Records indicate significant developmental delay, non-verbal, responsive, but doesn’t follow commands, frequent seizures on 2 meds, ambulatory but dependent for all care. Some persistent diarrhea—possible malabsorption—2-3 loose stools/day. Some upper and lower extremity spasticity. No mention of evaluation for incontinence.