

NaviCare Incontinence Product Payment Policy

Policy

Incontinence is a symptom associated with a broad range of medical conditions, including neurological diseases, injuries to the pelvic region or spinal cord, congenital anomalies, infections, and degenerative changes associated with aging. Absorbent products are defined as diaper or brief-like garments and underpads or liners used to contain urinary incontinence. Absorbent products may be either disposable or reusable/washable.

The Plan reimburses approved providers for incontinence products when medically necessary. In general, the Plan uses the Medicaid quantity guidelines to determine whether an item will be covered.

Incontinence products must be medically necessary to manage urinary and/or bowel incontinence.

Reimbursement

Incontinence Products:

The Plan will reimburse for:

- Products quantities based on medical necessity to manage incontinence. Note: quantities may be higher than the MassHealth quantity allowable secondary to manufacturer packaging.

The Plan will **not** reimburse:

- Incontinence product when the member does not have urinary or bowel incontinence.

Required incontinence products do not require a physician prescription as long as obtained from The Plan's vendor Medline. The Navigator assists in the procurement of the products through Medline and products are shipped to the member's home. The products must be appropriate for the management of the member's condition and are used by the member/caregiver on at least a daily basis.

Maximum quantity of supplies:

To ensure alignment with industry standards, the Plan follows MassHealth guidelines and may increase the quantity for a specific product if the manufacturer packaging requires such.

Order quantity must be based on medical necessity to manage incontinence.

Referral/notification/prior authorization requirements

Prior authorization is not required for incontinence products when utilizing a Contracted Provider.

Billing/coding guidelines

Product charges must be submitted on a CMS-1500 form.

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Place of service

This policy applies to incontinence products for use in the member's home. NaviCare members that are in an institutional setting have their incontinence products covered as part of the daily room and board paid to the institutional facility.

Policy history

Origination date: 03/01/2018

Connection date & details: January 2018 – Introduced as a new policy

April 2018 – Removed formulary, updated reimbursement section.

July 2019 – Updated Referral/notification/prior authorization requirements section.

January 2020 – Updated Referral/notification/prior authorization requirements section.

The criteria listed above apply to Fallon Health NaviCare Plan only. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and