



**Senior Whole Health.**  
BY MOLINA HEALTHCARE

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## **Important notice for Senior Whole Health of New York providers**

Dear Provider,

**NEW FOR 2020** – Starting **10/17/2020** benefits for certain incontinence supplies will change for Senior Whole Health of New York MLTC Plan.

### **Coverage criteria:**

Diapers/liners and underpads are covered for the treatment of incontinence only when the medical need is documented by the ordering practitioner and maintained in the member's clinical file.

### **Non-covered indications:**

- Diapers/liners will not be covered for children under the age of three as they are needed as part of the developmental process.
- Incontinence liners are not menstrual pads. Personal hygiene products such as menstrual pads are not covered.

### **General guidelines:**

- The dispenser must maintain documentation of measurements (e.g., waist/hip size, weight) which supports reimbursement for the specific size of diaper/liner dispensed.
- Up to a total of 250 disposable diapers and/or liners are allowed per 30 days, providing for up to eight changes per day. Claims for any combination of diapers and/or liners over 250 per 30 days will be denied.
- Up to a total of five reusable supplies are allowed per 30 days. Claims for any combination of reusable supplies over five per 30 days will be denied.
- Quantity limits reflect amounts required to meet the medical need for a member's incontinence treatment plan, and may still be subject to further coding and diagnosis exclusions and accumulators as noted below.

### **Practitioners ordering incontinence products**

A minimum requirement for all Durable Medical Equipment (DME)/supply fiscal orders (prescriptions) is a valid ICD diagnosis code. Fiscal orders for incontinence products must include a specific ICD diagnosis code. Claims for incontinence products without an appropriate diagnosis are denied. The diagnosis code listed on the fiscal order is supported by clinical documentation in the beneficiary's medical history file, which must be available upon request.

**The following is a list of acceptable ICD diagnosis codes for the ordering of incontinence products:**

Urinary Incontinence Codes Fecal Incontinence Codes	
N39.41	Urge
N39.3	Stress, male
N39.46	Mixed, male/female
N39.42	Without sensory awareness
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.490	Overflow
R39.81	Functional urinary
N39.3	Stress, female
R15.9	Full
R15.0	Incomplete defecation
R15.1	Fecal smearing

To assist practitioners with ordering incontinence products, a draft ordering tool has been developed for monthly quantities for each covered diagnosis. The quantities are based on the need of the average individual requiring incontinence products. Individuals, depending on their specific medical history, may require more or less. The quantities below represent an individual receiving disposable or reusable products. Typically, if a combination of products is being prescribed, the quantity for each procedure code is lower.

	A4554	T4521	T4522	T4523	T4524	T4529	T4530	T4533	T4535	T4537	T4539	T4540	T4543
ICD CODE	Disposable Underpad	Disposable Adult Sm Diaper	Disposable Adult Med Diaper	Disposable Adult Lg Diaper	Disposable Adult XL Diaper	Disposable Pediatric Diaper Sm/Med	Disposable Pediatric Diaper Lg	Disposable Youth Diaper	Disposable Liner/Pad	Reusable Bed Size Pad	Reusable Any Size Diaper	Reusable Chair Size Pad	Disposable Bariatric Diaper
N39.41	150	125	125	125	125	125	125	125	125	3	5	3	125
N39.3	0	125	125	125	125	125	125	125	125	1	3	1	125
N39.46	150	125	125	125	125	125	125	125	125	3	5	3	125
N39.42	150	125	125	125	125	125	125	125	125	3	5	3	125
N39.43	0	125	125	125	125	125	125	125	125	1	3	1	125
N39.44	0	6	6	6	6	6	60	6	6	3	5	0	60
N39.45	150	150	150	150	150	150	150	150	150	3	5	3	150
N39.490	0	125	125	125	125	125	125	125	125	3	5	3	125
R39.81	300	250	250	250	250	250	250	250	250	3	5	3	250
N39.3	150	125	125	125	125	125	125	125	125	1	3	1	125
R15.9	150	125	125	125	125	125	125	125	125	3	5	3	125
R15.0	150	125	125	125	125	125	125	125	125	3	5	3	125
R15.1	0	100	100	100	100	100	100	100	100	3	5	3	100
R15.2	150	100	100	100	100	100	100	100	100	3	5	3	100

If you have any questions call our Provider Relations representatives at 1-877-353-9819 or email [SWHProviderRelationsNY@magellanhealth.com](mailto:SWHProviderRelationsNY@magellanhealth.com)

Sincerely,  
Senior Director of New York