



Policy: GG.1114  
Title: **Authorization for Disposable Incontinence Supplies**  
Department: Medical Management  
Section: Utilization Management

*CEO Approval: /s/ Michael Hunn 12/14/2023*

Effective Date: 12/01/1995

Revised Date: **01/01/2024**

Applicable to: ☒ Medi-Cal  
☒ OneCare  
☐ PACE  
☐ Administrative

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## I. PURPOSE

This policy defines the scope of coverage and authorization limitations for disposable incontinence supplies covered under the CalOptima Health program.

## II. POLICY

- A. CalOptima Health and its Health Networks shall cover disposable incontinence supplies that are:
1. Included in the Medi-Cal program as a benefit;
  2. Medically Necessary for the Member's treatment plan; and
  3. Prescribed by a licensed Practitioner within the scope of his or her practice, as defined by California law.
- B. Disposable incontinence supplies require Prior Authorization, in accordance with the provisions of this policy.
- C. Restrictions on disposable incontinence supplies in Long Term Care (LTC) Facilities:
1. A Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) and Intermediate Care Facility for the Developmentally Disabled (ICF/DD) shall not bill separately for disposable incontinence supplies. Disposable incontinence supplies are included in the facility daily rate.
  2. An ICF/DD-Habilitative Facility and ICF/DD-Nursing Facility may bill separately for disposable incontinence supplies with the appropriate Prior Authorization.
- D. A Member who has been identified as requiring on-going disposable incontinence supplies which require Prior Authorization, including, but not limited to, diapers, briefs, pull-ups, liners, or pads, shall have those supplies authorized for a six (6)-month period. Such authorized disposable incontinence supplies shall be dispensed in thirty (30) calendar day increments only.
- E. CalOptima Health and Health Network Members, shall obtain disposable incontinence supplies from a CalOptima Health-contracted disposable incontinence supplies vendor.

### **III. PROCEDURE**

#### **A. Authorization Requirements**

1. A Provider shall obtain Prior Authorization for the following disposable incontinence supplies:
  - a. A disposable incontinence item, or item quantity, that is not on the Medi-Cal supply list;
  - b. A disposable incontinence item designated as requiring authorization; and
  - c. An item on the Medi-Cal supply list that is used for a clinical condition other than those specified for that item.
2. For a CalOptima Health Member, a Provider shall submit an Authorization Request Form (ARF) for disposable incontinence supplies listed in CalOptima Health's authorization list from the CalOptima Health Utilization Management (UM) Department, in accordance with CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers.
3. For a Health Network Member, a Provider shall request Prior Authorization for disposable incontinence supplies from the Member's Health Network, in accordance with the Health Network's authorization procedures.
4. CalOptima Health or a Health Network shall process a request for authorization, in accordance with CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.
5. Prescription
  - a. Prior to the delivery of service, a Practitioner shall write a prescription for disposable incontinence supplies, ordering only those supplies Medically Necessary for the care of the Member. The prescription shall include:
    - i. Member identification (ID);
    - ii. The condition causing the incontinence;
    - iii. The specific item(s) ordered; and
    - iv. The anticipated rate of use per thirty (30) calendar day duration.
  - b. The Member's Medical Record shall reflect each prescription, with the anticipated rate of use of that item, as well as the specific causal diagnosis for the disposable incontinence supplies.
6. Disposable incontinence supply orders covering more than one (1) patient, or orders not specific to product type and quantity, are not acceptable.
7. CalOptima Health or the Member's Health Network may validate the Medical Necessity of the Member's incontinence supply needs through an assessment process.
8. CalOptima Health or the Member's Health Network shall determine the CalOptima Health-contracted vendor to which the authorization shall be issued.

- B. The vendor shall bill CalOptima Health or the Member's Health Network for each thirty (30)-day unit of incontinence supplies following the month in which such incontinence supplies were dispensed.
- C. The vendor shall verify the Member's eligibility prior to dispensing each thirty (30)-day supply.
- D. CalOptima Health or the Member's Health Network shall review reauthorization requests at six (6) month intervals to determine if the Member's condition warrants additional assessment and adjustment to the prescription for incontinence supplies.
- E. If a Member is in transition between CalOptima Health and a Health Network, or in transition between Health Networks, the authorization period may be modified to less than six (6) months.
- F. If a Member enrolls in a new Health Network, a Provider shall request a new Prior Authorization.

#### **IV. ATTACHMENT(S)**

Not Applicable

#### **V. REFERENCE(S)**

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health, Health Network Service Agreement
- C. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and Community Network Providers
- D. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- E. Title 22, California Code of Regulations (CCR.), §§ 51121, 51212, 51215, 51510, 51511, 76079, 76345, and 76853

#### **VI. REGULATORY AGENCY APPROVAL(S)**

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
02/02/2010	Department of Health Care Services (DHCS)	Approved as Submitted

#### **VII. BOARD ACTION(S)**

None to Date

#### **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	12/01/1995	GG.1114	Authorization for Medical Supplies	Medi-Cal
Revised	04/01/1998	GG.1114	Authorization for Medical Supplies	Medi-Cal
Revised	05/01/2007	GG.1114	Authorization for Medical Supplies	Medi-Cal
Revised	01/01/2010	GG.1114	Authorization for Medical Supplies	Medi-Cal
Revised	09/01/2014	GG.1114	Authorization for Disposable Incontinence Supplies	Medi-Cal
Revised	11/01/2015	GG.1114	Authorization for Disposable Incontinence Supplies	Medi-Cal OneCare Connect
Revised	10/01/2016	GG.1114	Authorization for Disposable Incontinence Supplies	Medi-Cal OneCare Connect

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Revised	08/01/2017	GG.1114	Authorization for Disposable Incontinence Supplies	Medi-Cal OneCare Connect
Revised	12/01/2018	GG.1114	Authorization for Disposable Incontinence Supplies	Medi-Cal OneCare Connect
Revised	04/01/2020	GG.1114	Authorization for Disposable Incontinence Supplies	Medi-Cal OneCare Connect
Revised	04/01/2021	GG.1114	Authorization for Disposable Incontinence Supplies	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1114	Authorization for Disposable Incontinence Supplies	Medi-Cal OneCare
Revised	<b>01/01/2024</b>	GG.1114	Authorization for Disposable Incontinence Supplies	Medi-Cal OneCare

## IX. GLOSSARY

Term	Definition
Facility	For the purposes of this policy, refers to a Long Term Care (LTC) facility, including a Nursing Facility Level A (NF-A) [Intermediate Care Facility (ICF) or Subacute Facility] and Nursing Facility Level B (NF-B) [Skilled Nursing Facility (SNF)].
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Intermediate Care Facility (ICF)	<u>Medi-Cal</u> : A health facility that is licensed as such by the Department of Health Care Services (DHCS) or is a hospital or SNF that meets the standards specified in Title 22, California Code of Regulations, Section 51212, and has been certified by DHCS for participation in the Medi-Cal program.  <u>OneCare</u> : A facility that primarily provides health-related care and services above the level of custodial care but does not provide the level of care available in a hospital or Skilled Nursing Facility.
Intermediate Care Facility/Developmentally Disabled (ICF/DD)	A facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.
Intermediate Care Facility/Developmentally Disabled –Habilitative (ICF/DD-H)	A facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.
Intermediate Care Facility/Developmentally Disabled – Nursing (ICF/DD-N)	A facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated.
Medical Record	Any single, complete record kept or required to be kept by any Provider that documents all the medical services received by the Member, including, but not limited to, inpatient, outpatient, and emergency care, referral requests, authorizations, or other documentation as indicated by CalOptima Health policy.

Term	Definition
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&amp;I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&amp;I Code 14059.5(b) and W&amp;I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare</u>: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&amp;I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Member	A beneficiary enrolled in a CalOptima Health program.
Practitioner	A licensed independent practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Midwife (LM) Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Prior Authorization	<p><u>Medi-Cal</u>: A formal process requiring a health care Provider to obtain advance approval of Medically Necessary Covered Services, including the amount, duration and scope of services, except in the case of an emergency.</p> <p><u>OneCare</u>: A process through which a physician or other health care provider is required to obtain advance approval, from CalOptima Health and/or a delegated entity, that payment will be made for a service or item furnished to a Member.</p>

Term	Definition
Provider	<p><u>Medi-Cal</u>: A physician, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, ancillary provider, or other person or institution that furnishes Covered Services.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>
Skilled Nursing Facility (SNF)	<p>As defined in Title 22 CCR Section 51121(a), any institution, place, building, or agency which is licensed as a SNF by the California Department of Public Health or is a distinct part or unit of a hospital, meets the standard specified in Section 51215 of these regulations (except that the distinct part of a hospital does not need to be licensed as a SNF) and has been certified by DHCS for participation as a SNF in the Medi-Cal program. Section 51121(b) further defines the term "Skilled Nursing Facility" as including terms "skilled nursing home", "convalescent hospital", "nursing home," or "nursing facility."</p>