Clinical Criteria – Absorbent Products for Incontinence

Subject: Absorbent Products for Incontinence	**Renewed Effective:** 10/1/25
	Review Schedule: Annual

Description

This edition of Guidelines for Medical Necessity Determination (Guidelines) identifies the clinical information that Colorado Access needs to determine medical necessity for absorbent products. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to CHP+ programs. These requirements are based on standards of the National Association for Continence (NAFC). Colorado Access regulations require Prior Authorizations (PA) for all absorbent products. Colorado Access reviews requests for PA on the basis of medical necessity.

Criteria for Approval:

Section I. General Information

These Guidelines apply to absorbent products used for managing urinary and/or fecal incontinence. Incontinence is defined as unintentional or involuntary loss of urine and/or feces due to genitourinary or lower gastrointestinal tract malfunctions, respectively as well as inability to use the toilet appropriately due to a chronic impairment that limits physical and/ or cognitive function. A common and often underreported condition, incontinence is a symptom associated with a broad range of medical conditions. Incontinence is also associated with numerous adverse outcomes and complications, such as skin problems, rashes, wounds, infections, long-term institutionalization, and decreased quality of life. Use of absorbent products is one of many potential interventions used to manage incontinence.

Types of Absorbent Products

Absorbent products are defined as diapers or brief-like garments, underpads, liners or shields used to contain and/or manage symptoms of incontinence and are subject to Prior Authorization (PA). Absorbent products may be disposable or reusable/washable.

If the medical need for additional units arises during an existing PA period, providers should submit a new PA request for the number of units over the amount in the existing PA. Similarly, for members whose size has changed, providers should submit a new PA request for the new size.

Section II. Clinical Guidelines

A. Colorado Access bases its determination of medical necessity for absorbent products on clinical data and the presence of indicators that would affect the relative risks and benefits of the product. These criteria include the type, severity (i.e., light, light-moderate, moderate, heavy), and frequency of incontinence, and include, but are not limited to, the following:

1. The member is older than three years of age whose incontinence has been classified in at least one of the following types:
    a. Urinary Stress Incontinence—involuntary urine loss associated with activities that increase intra-abdominal pressure such as coughing, sneezing or physical exertion.
    b. Urinary Urge Incontinence—involuntary urine loss caused by involuntary bladder contraction and is often associated with a sense of urgency.
    c. Urinary Mixed Incontinence—involuntary urine loss caused by a combination of stress and urge incontinence.
    d. Urinary Overflow Incontinence—involuntary urine loss when urine produced exceeds the bladder's holding capacity.
    e. Fecal Incontinence—involuntary feces loss usually caused by loss of lower gastrointestinal tract control.
    f. Functional Incontinence—involuntary urine and/or fecal loss caused by a chronic physical and/or cognitive ailment that limits the individual's ability to access or use the toilet appropriately apart from a known genitourinary system or lower gastrointestinal tract pathophysiology.
    g. Indeterminable incontinence—incontinence that cannot be classified with anything above.
3. A focused medical history and targeted physical exam have been conducted to evaluate potentially reversible factors contributing to urinary and/or fecal incontinence that, if treated, could improve, or eliminate the member's incontinence.
4. Tests deemed appropriate by the prescribing clinician have been conducted and results have been reported.
5. Treatments (for example, behavioral techniques, pharmacologic therapy, and/or surgical intervention), when appropriate to the clinical situation, to manage symptoms of incontinence have been attempted and failed or have been only partially successful.
6. The ordering practitioner determines that the product is necessary to manage observable symptoms of incontinence.

B. Noncoverage/service limitations

Colorado Access does not consider absorbent products to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited, to the following.

1. Colorado Access will not cover absorbent products if the member's medical history/physical examination identifies reversible factors to manage the incontinence (for example, behavioral, pharmacologic, or surgical intervention), unless appropriate clinical documentation is provided evidencing that attempts to treat reversible factor(s) have been made and failed and the absorbent products are otherwise medically necessary.
2. Colorado Access does not cover absorbent products for members who are receiving care in skilled nursing facilities or inpatient hospitals.

Section III: Submitting Clinical Documentation

A. All absorbent products require PA from Colorado Access. Requests for PA for absorbent products must be accompanied by clinical documentation that supports the medical necessity for the absorbent product(s) being requested. As part of the PA request, the provider of DME must obtain either a prescription or letter of medical necessity (LOMN), or a combination of a prescription and LOMN signed by the member's ordering practitioner. The prescription and letter of medical necessity must meet the requirements. Any additional clinical documentation supporting medical necessity must be submitted with the PA request.

B. Documentation of medical necessity must include ***all of the following***:

1. Primary diagnosis name and ICD code specific to the type of incontinence for which the item is required.
2. Secondary diagnosis name and ICD code specific to the comorbid conditions, if applicable.
3. Documentation of clinical signs and symptoms of incontinence.
4. Focused medical history and physical exam.
5. Test results, if applicable.
6. Documentation of risk factors associated with incontinence.
7. Documentation of past and current treatment regimens that includes addressing possible reversible factors.
8. Documentation of responsiveness to behavioral, pharmacologic, and/or surgical treatments, and of regular monitoring of responsiveness.
9. Documentation of the amount and estimated duration of the need for absorbent products.

Select References

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These Guidelines are based on review of the medical literature and current standards of care in the use of Absorbent Products. Colorado Access reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.