

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b> <b>Revised: X</b> <b>Current:</b>	<b>Date:</b> <b>Date: 07/01/02</b> <b>07/01/09</b>
<b>Section: Durable Medical Equipment</b>	<b>Section: 10.44</b>	
<b>Subject: Incontinent Pads (Blue Pads/Underpads)</b>	<b>Pages: 2-1</b>	
	<b>Cross Reference:</b>	
	<b>Reimbursement 10.02</b>	
	<b>Documentation 10.07</b>	
	<b>Diapers and Underpads 10.32</b>	

Based on medical necessity and satisfaction of the criteria below and all other terms of the Mississippi Medicaid program, this item is available for coverage for:

- Beneficiaries 3 through 20 years of age
- Beneficiaries age 21 and over who are receiving services through the home health program
- All beneficiaries (no age restriction)
- Beneficiaries who are pregnant

The provider must refer to the current fee schedule for the acceptable codes and fee schedule allowances available under Medicaid.

**The following criteria for coverage apply to incontinent pads (blue pads/underpads):**

This item may be approved for:

- Rental only
- Purchase only
- Rental for X months, then recertification is required
- Rental up to the purchase amount or purchase when indicated

This item must be ordered by a physician, nurse practitioner, or physician assistant. It is expected that physicians, nurse practitioners, or physician assistant order only items within the scope of their specialty. For example, specialized items such as custom wheelchairs or prosthetics and orthotics should be ordered by specialties such as orthopedics and physicians specializing in rehabilitation. Other items are handled through other specialties.

Incontinent pads (blue pads/underpads) are disposable underpads for patients who lack bladder or bowel control.

Incontinent pads are covered for beneficiary's age 3 through 20 years old who have an underlying medical condition that prevents control of the bowels or bladder. There must be documentation of the patient's diagnosis that is related to the cause or is causing the incontinence of the bowels and bladder.

Incontinent pads are approved at a quantity of six (6) per day. In extenuating circumstances where there is full documentation that justifies the medical necessity for more than six (6) per day, individual consideration will be given to the specific request. Incontinent pads are not covered in conjunction with diapers.

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For those cases where there is full documentation justifying the need for the incontinent pads for beneficiaries whose medical condition is not expected to improve, recertification will only be required every twelve (12) months.

Section 10.44 Incontinent Pads has been combined with Section 10.32. Refer to Provider Policy Manual Section 10.32 Diapers and Underpads for incontinent pads policy.