



**INTEGRATED CARE MANAGEMENT AND QUALITY IMPROVEMENT**

# **KePRO's Service Authorization Process for Durable Medical Equipment – Incontinence Supplies**



- **Program Overview**
- **Changes to the program**
- **Implementation**
- **Service Authorization Process**
- **Questions and Answers**

# How Do I Submit my Request?

- It is recommended that all requests be submitted via iEXCHANGE®. iEXCHANGE is a HIPAA compliant and web based transaction.
- If you experience any difficulties, please contact our customer service agents for assistance or an alternate means of submission.
- Telephone: 888-827-2884 or (local) 804-622-8900

# Service Authorization Process

**All requests are reviewed for:**

- **Demographic Information (basic member and provider information including NPI#)**
- **Clinical/Medical Necessity**

# Service Authorization Process - iEXCHANGE

**Do not send duplicate requests via iEXCHANGE, multiple faxes, phone, or mail unless specifically instructed by KePRO to re-send.**

**This only causes confusion and slows the process. Please include a contact person, phone and fax number from your agency or facility on all submissions so contact can be made if there are questions.**

# Service Authorization Process - iEXCHANGE

**Registration is required. Once completed, providers can expect to receive their iEXCHANGE user login and password via email within 10 business days. iEXCHANGE can be used to submit requests 24 hours/day, 7 days a week.**

**For any questions regarding registration, contact KePRO at 888-827-2884 or via e-mail at:**  
**[ProviderIssues@kepro.org](mailto:ProviderIssues@kepro.org)**

# Service Authorization Process - iEXCHANGE

**A step-by-step iEXCHANGE user manual, on-line pre-recorded training presentation with iEXCHANGE demo, and other helpful resources are available on the KePRO website at:**

**<http://dmas.kepro.org/default.aspx?page=iexchange>**

**iEXCHANGE is the most efficient and accurate way to submit a Service Authorization Request**

- **CHANGE TO SERVICE AUTHORIZATION PROCESS Effective 7/1/10.**
- **FOR INCONTINENCE SUPPLIES**
  - Diapers
  - Pull-ups
  - Pantyliners

# DME Incontinence Supplies

- The “Medicaid DME Supplies Listing”/Appendix B which is based on the Health Care Financing Administration Common Procedure Coding System (HCPCS), describes equipment and supplies and identifies those which require service authorization.
- Service authorization is required for items identified with a “Y” in the authorization column of the DME Listing/Appendix B, and for any item exceeding the established limits identified in the “limit” column of the DME Listing/Appendix B.

# DME Incontinence Supplies

- The DME Listing/Appendix B identifies the information above. It does not determine coverage of an item. Coverage criteria are in Chapter IV of the Durable Medical Equipment and Supplies Manual and the Virginia Administrative Code (12VAC30-50-165).
- Service authorization is requested by the enrolled DME provider and not by healthcare professionals involved with the enrollee's care.

- The provider completes and/or gathers the necessary documentation to meet the Medicaid criteria as described in Chapter IV of the DME manual.
- DME providers are responsible for knowing which items require service authorization and the limitation on the provision of certain items as described in the “Medicaid DME and Supplies Listing” in Appendix B.

Since the Medicaid Program has established guidelines regarding which items require Service authorization and the limitations that may be imposed on certain items, providers can reasonably be expected to know which items Medicaid will cover.

## **The following documentation is required in order to determine if the individual meets criteria:**

- Certificate of Medical Necessity (CMN), DMAS 352 form, unless items meet exception criteria stated in Chapter IV;
- Supporting documentation verifying item, specific coverage criteria stated in Chapter IV; and
- Documentation of usual and customary charges or cost as necessary for each HCPCS code used from Appendix B.

# DME Incontinence Supplies

- All items and supplies must meet the coverage criteria in Chapter IV of the DME manual and the Virginia Administrative Code.
- In addition, DMAS requires specific categories of items meet the InterQual® criteria.

# DME Incontinence Supplies

- Diapers
- Pull-ups
- Pantyliners

The provider is required to get SA for the amount of incontinence products over the allowable limit. Once medical necessity (i.e. incontinence) is established the decision to use tab diapers or pull-ups shall be left to the member/caregiver and documented by the provider on the CMN.

- DMAS will not provide reimbursement for the routine use of diapers for children under three years of age.
- Service authorization (SA) of diapers for children must be associated with a medical condition and will not be made solely because toilet training has not been accomplished.

The provider is required to get service authorization (SA) for the amount of incontinence products over the allowable limit. If more than one kind of incontinence product is used by the member each month the provider should provide documentation as to why each product is needed in the same month. This applies to diapers, pull-ups and pantyliners.

### Incontinence Undergarments

	Medicaid does not reimburse for incontinent briefs or incontinent under pads for children under the age of 3 years.					
	DMAS will not provide reimbursement for under pads when used in conjunction with incontinent briefs.					
	<p>The quantity of incontinent briefs per case may vary per manufacturer but overall industry standards have equalized over the years. <b>As of July 1, 2010, DMAS has changed the billing unit for diapers, pantyliner and pullups to each. The service limit has changed to 100 units per month, anything over 100 units in a month will require service authorization. Providers may break cases but not the inner sealed packages in order to decrease the amount of overage that may be delivered every month upon refill. Please see the Incontinence Section of the DME and Supplies Manual for the entire policy criteria.</b></p>					
A4521	T4521	Adult size Disposable Incontinence Product, Brief/Diaper, Small	Each	N	\$0.40	100 Month
A4521 U1	T4521 U1	Adult size Disposable Incontinence Product, Brief/Diaper, Small, Extra Absorbent	Each	N	\$0.51	100 Month
A4522	T4522	Adult size Disposable Incontinence Product, Brief/Diaper, Medium	Each	N	\$0.50	100 Month
A4522 U1	T4522 U1	Adult size Disposable Incontinence Product, Brief/Diaper, Medium, Extra Absorbent	Each	N	\$0.65	100 Month
A4523	T4523	Adult size Disposable Incontinence Product, Brief/Diaper, Large	Each	N	\$0.88	100 Month
A4523 U1	T4523 U1	Adult size Disposable Incontinence Product, Brief/Diaper, Large, Extra Absorbent	Each	N	\$0.94	100 Month
A4524	T4524	Adult size Disposable Incontinence Product, Brief/Diaper, Extra Large, Extra Absorbent	Each	N	\$1.13	100 Month
A4525	T4525	Adult size Disposable Incontinence Product, Protective Underwear/Pull-On, Small	Each	N	\$0.70	100 Month
A4526	T4526	Adult size Disposable Incontinence Product, Protective Underwear/Pull-On, Medium	Each	N	\$0.70	100 Month
A4527	T4527	Adult size Disposable Incontinence Product, Protective Underwear/Pull-On, Large	Each	N	\$0.78	100 Month
A4528	T4528	Adult size Disposable Incontinence Product, Protective Underwear/Pull-On, Extra Large	Each	N	\$1.00	100 Month
A4529	T4529	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Small or Medium Extra Absorbent	Each	N	\$0.51	100 Month
A4530	T4530	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large or Extra Large, Extra Absorbent	Each	N	\$0.59	100 Month
A4535 E1399	T4535	Panty Liners, Extra Absorbent	Each	N	\$0.34	100 Month
	A4554	Disposable Underpads, All Sizes (E.G. Chux), 150 Per Case	Each	N	\$45.32	1 Cases Month
<b>Irrigation Equipment And Supplies</b>						
	A4320	Irrigation Tray With Bulb Or Piston Syringe, any purpose.	Each	N	\$5.04	60/Month
	A4322	Irrigation Syringe, Bulb Or Piston	Each	N	\$2.66	4/Month

- Unless the member has a specific medical need, in addition to incontinence, for using an underpad (CHUXS) along with the incontinence briefs, DMAS will not provide reimbursement for underpads when used in conjunction with incontinent briefs since a washable pad serves the same purpose as the disposable underpad. (12 VAC 30-50-165)
- The CMN must include a description of the member's incontinent condition and the frequency of use to justify the quantity ordered by the practitioner. A medical diagnosis of incontinence must be included.

The CMN must include the following information:

- A complete order that includes the type of incontinence product(s), quantity, and the frequency of use. (Frequency of use means-how often something is used. Quantity means- total. The provider will need to know the frequency in order to determine quantity. Quantity and Frequency are separate required entities).
- A description of the member's incontinent condition including the degree and type of incontinence.
- Functional limitations that may affect the member's incontinence, amount and type of product required per month.

- Frequency of use is part of the practitioner's order and describes how often a supply is used by the member and provides the justification for the quantity ordered per month.

**Note:** a member may use pull-ups during the day and use a diaper at night. The frequency of use should be specified for each product to justify the quantity ordered.

# Types of Incontinence

- **Stress-** Leakage of small amounts of urine during physical movement (coughing, sneezing, exercising).
  - **More common in women and, in many cases, can be treated. Physical changes from pregnancy, childbirth and menopause often cause stress incontinence.**
- **Urge-** Leakage of large amounts of urine at unexpected times, including during sleep.
- **Overactive Bladder-** Urinary frequency and urgency, with or without urge incontinence.
- **Functional:** Untimely urination because of physical disability, external obstacles, or problems in thinking or communication that prevents a person from reaching the toilet.
- **Overflow:** Unexpected leakage of small amounts of urine because of a full bladder.
- **Mixed-** Usually the occurrence of stress and urge incontinence together.
- **Transient-** Leakage that occurs temporarily because of a situation that will pass (infection, taking a new medication, colds with coughing).

# Changes to the Program

Effective July 1, 2010, DMAS will be changing the billing unit for incontinence supplies (diapers/pull-ups/pantyliners) from per ‘case’ to ‘each’. SA is required when a request exceeds 100 diapers/pull-ups/pantyliners limit per month. To facilitate the change from ‘case’ to ‘each’, providers should begin requesting “each” for dates of service 7/1/10 and forward.

- Prior to July 1, 2010, provider should identify the number of cases needed per month. After July 1, 2010, the provider should identify the total quantity needed per month by each diaper/pull-up/pantyliners. The provider should make the request in two different lines until the time that they no longer need SA for dates of service prior to July 1, 2010.
- For existing SAs that SPAN 7/1/2010, providers may submit a change request and should reference 'cases' for dates of service through June 30, 2010 and reference 'each' for dates of service July 1, 2010 and forward.

## How to calculate total quantity needed using the billing unit change to ‘each’

- The member needs diapers and is changed 7 times per day.
- Seven times per day is the frequency of use.
- The frequency of use is multiplied by 31 days and should justify the quantity ordered per month on the CMN.

# **DME Incontinence Supplies**

**This documentation can be noted by the day, the week or the month depending on the type of supply and the member's needs. Some items may be used once per week, or twice per month so if an item is needed less than monthly the provider should document accordingly.**

# Service Authorization Process

## Example:

- DME provider submits a request for adult diapers (T4524). member needs to be changed 4 times per day for 6 months per CMN.
- DME provider will need to calculate the frequency per day x 31 days/month.  $4 \times 31 = 124$  (monthly total per “each” diaper)
- Then, the monthly total for “each” diaper x the no. of months requested on the CMN.  $124 \times 6 = 744$  diapers.
- Provider has a 100 diapers limit per month without SA. Therefore 600 diapers are allowed for 6 months and the overage is 144 units (each) that would require Service authorization.

## For Service Authorization Requests Submitted Through KePRO On and After January 1, 2010

- Providers should request SA through KePRO through June 30, 2010 on a separate line of the request, identifying the number of cases needed.
- For requests with dates of service July 1, 2010 and forward, a separate line is needed identifying the number of each product being requested.
- Both lines may be submitted within the same request.

# Service Authorization Process

**Example: New Request on Jan 1, 2010.  
Frequency is 7X/day, 98/per case (7X31=217/mo.), which  
would mean provider would supply 3 cases/mo.**

<b>Line 1 (Per Case)</b>	<b>Procedure Code/Mod: T4525</b>	<b>Date From</b>	<b>Date To</b>
<b>Units Requested</b>	<b>6 units</b>	<b>01-01-10</b>	<b>06-30-10</b>
<b>Units Authorized</b>	<b>6 units</b>	<b>01-01-10</b>	<b>06-30-10</b>
<b>Line 2 (Per Each)</b>	<b>Procedure Code/Mod: T4525</b>	<b>Date From</b>	<b>Date To</b>
<b>Units Requested</b>	<b>702 units</b>	<b>07-01-10</b>	<b>12-31-10</b>
<b>Units Authorized</b>	<b>702 units</b>	<b>07-01-10</b>	<b>12-31-10</b>

## For Service Authorization Requests Currently Approved Past June 30, 2010

- Providers that currently have an approved SA that spans past June 30, 2010 must contact KePRO and make a request to change the SA to end June 30, 2010 and include the SA number in the change request. Providers are to request dates of service July 1, 2010 and forward using 'each' when submitting the change request to end the current DOS on or Service to June 30, 2010.

# Service Authorization Process

**Example: Currently Approved Past June 30, 2010**

**12 units approved for DOS 10/27/09 – 10/27/10, frequency of use is 8X/day (8X31=248), 64/case, member will need 4/mo. (1 case is overage)**

<b>Line 1 (Per Case)</b>	<b>Procedure Code/Mod: T4525</b>	<b>Date From</b>	<b>Date To</b>
<b>Units Requested</b>	<b>8 units</b>	<b>10-27-09</b>	<b>06-30-10</b>
<b>Units Authorized</b>	<b>8 units</b>	<b>10-27-09</b>	<b>06-30-10</b>
<b>Line 2 (Per Each)</b>	<b>Procedure Code/Mod: T4525</b>	<b>Date From</b>	<b>Date To</b>
<b>Units Requested</b>	<b>592 units</b>	<b>07-01-10</b>	<b>10-27-10</b>
<b>Units Authorized</b>	<b>592 units</b>	<b>07-01-10</b>	<b>10-27-10</b>

- **DMAS Medicaid Memo posted on January 28, 2010.**
- **DMAS Medicaid Memo posted on June 16, 2010.**
- **DME Manual, Ch. IV, VI, and Appendix B and D updated on June 16, 2010.**
- **Check the Medicaid Memos and Manuals online at:**  
**<http://dmasva.dmas.virginia.gov>**
- **Click on the link to Providers Services or**  
**<http://dmas.kepro.org>**

# KePRO Contacts

**Main Number:** 1-888 827- 2884  
(804) 622-8900

**iEXCHANGE issues:** 1-800-922-9826

**KePRO Helpdesk:** [providerissues@kepro.org](mailto:providerissues@kepro.org)

**KePRO website:** <http://www.kepro.org/>

**OR**

<http://dmas.kepro.org>

# DMAS Contacts

If a provider wants to request information about the eligibility verification, they may contact:

**DMAS Provider Helpline: (Please contact for all other provider issues as well)**

**1-800-552-8627 (All other areas; in-state, toll-free long distance)**

**1-804-786-6273 (Richmond area and out-of-state long distance)**

**OR**

**Medicall (Automated Response system-ARS):  
1-800-772-9996 OR 1-800-884-9730.**

# Should You Want to Appeal a KePRO Decision

**Appeals are to be submitted in writing to:**

**Appeals Division  
Department of Medical Assistance Services  
600 East Broad Street, 11<sup>th</sup> Floor  
Richmond, VA 23219**

**(Additional information can be found in the  
DMAS Provider Manuals.)**

# Incontinence Supplies

## Questions after iEXCHANGE and website demonstration