

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 1/1/2024
	Subject: Coverage criteria for incontinence supplies

Incontinence Supplies Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for durable medical equipment specific to incontinence supplies, including diapers, underpads, liners, and shields.

2. Coverage Criteria

To be eligible for coverage, the member must meet all the following:

- Have a medical need for the incontinence supplies based on their diagnosis.
- Be age 3 or older.
- Not reside in a long-term care setting, such as a nursing facility.

3. Billing Requirements

- Montana Healthcare Programs uses T-codes for incontinence products. Covered T-codes are listed on the Durable Medical Equipment Fee Schedule.
- Sterile and non-sterile gloves are considered incontinence supplies and must be billed on **separate claims** from claims containing T-codes.

4. Quantity Limits

Montana Healthcare Programs limits the quantity of incontinence products a member may receive. Limits apply **per member** and **per product type**, regardless of which provider supplies the product. Providers are responsible for verifying if the member is receiving incontinence supplies from any other provider before dispensing.

- Disposable diapers, briefs, and pull-ups are limited to **180 units per 30-day period**. These products share the same combined quantity limit.
- Disposable under pads, liners/shields are limited to **240 units per 30-day period**.
- Reusable diapers, under pads, liner/shields are limited to **36 units each per year** (equivalent to 3 units per month).

5. Authorization Requirements

Prior authorization is required only when the requested quantity exceeds the maximum allowed units.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

6. Reimbursement

Reimbursement for incontinence supplies is based on the rates listed in the Durable Medical Equipment Fee Schedule.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.