SOUTH CAROLINA
Healthy Connections
MEDICAID

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MEDICAID BULLETIN

CLTC
MC

TO: **Providers of Incontinence Supplies**

SUBJECT: **Incontinence Supplies Updates**

Effective July 1, 2014, incontinence supply providers will be responsible for obtaining the Physician Certification of Incontinence SCDHHS Form 168IS prior to delivering Incontinence supplies. This policy replaces the June 18, 2013, memo titled Changes in Incontinence Supplies Authorizations, section 2 Physician's Orders.

The Physician Certification of Incontinence SCDHHS Form 168IS is mandatory for all beneficiaries receiving incontinence supplies as a State Plan Home Health benefit. The form must be completed by the primary care physician both initially and at every certification period as selected by the primary care physician. The primary care physician information is gathered at intake once the referral is made to Community Long Term Care centralized intake.

- Beneficiaries enrolled in the Community Choices waiver, Head and Spinal Cord Injury waiver, Intellectual Disabilities and Related Disabilities waiver, HIV/AIDS waiver, Ventilator Dependent waiver, Medically Complex Children's waiver and Community Supports waiver must be re-certified to receive Incontinence supplies every 12 months.
- Non-waiver beneficiaries have certification periods of three months, six months, nine months or 12 months, and the certification period is determined by the primary care physician.

Medicaid prohibits incontinence supply providers from preparing the entire Physician Certification of Incontinence SCDHHS Form 168IS.

- Phoenix will auto-populate the following sections on the SCDHHS Form 168IS: physician address, beneficiary's name, social security number and DOB. The incontinence supply provider will be able to print the DHHS form 168IS from Phoenix.

- The primary care physician will complete the following sections on the SCDHHS Form 168IS: the checkboxes for incontinence of bowel or bladder, the certification periods, the diagnosis related to incontinence, usage of appliances, any comments and the checkboxes for medical necessity.

The incontinence supply provider must send the form to the primary care physician to complete. The provider should not give the form to the beneficiary to take to their physician. The form must be fully completed. The physician's signature and date fields must be completed by the primary care physician; nurse practitioner and physician assistant signatures are not acceptable.

All medical documentation supporting the provision of incontinence supplies, including the completed SCDHHS Form 168IS, must be kept on file by the Incontinence supply provider. These records are subject to review during on-site visits by SCDHHS. Failure to maintain the Physician Certification of Incontinence SCDHHS Form 168IS and other appropriate records may subject the provider to recoupment of funds.

Note: For those beneficiaries enrolled in a DDSN waiver (Community Supports, Head and Spinal Cord Injury, Intellectual Disabilities/Related Disabilities) the case manager will complete the top half of the Physician Certification of Incontinence SCDHHS Form 168IS. The waiver case manager will send the form with the authorization paperwork to the incontinence supply provider. It is the responsibility of the incontinence supply provider to obtain the completed Physician Certification Form SCDHHS 168IS as scheduled and keep it on file.

Managed Care coverage of Incontinence Supplies

Effective with dates of service on or after July 1, 2014, the Incontinence supplies service benefit will be covered as part of the managed care benefit. Incontinence supply providers will need to submit claims directly to the Managed Care Organization (MCO) for Incontinence supplies for any beneficiaries enrolled in an MCO. Please contact the appropriate MCO for questions regarding authorization processes, forms to be utilized and specific coverage criteria. Thank you for your continued support in the South Carolina Healthy Connections Medicaid program.

/s/
Anthony E. Keck
Director

Attachment

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PHYSICIAN CERTIFICATION OF INCONTINENCE

TO: _____ FROM: _____
(Name of Physician)
_____ _____
(Address)
_____ _____
(City, State) (ZIP)

BENEFICIARY'S NAME:
_____

SOCIAL SECURITY #: _____ DOB _____

Please complete the areas below and return to the "FROM" address above. This beneficiary is requesting incontinence supplies (includes diapers/briefs/pull-ups, wipes, and/or underpads) through the Medicaid Home Health benefit. In order to qualify the beneficiary must have one of the following conditions. Please check any that apply. The form must be fully completed.

☐ Incontinent of bladder

☐ Incontinent of bowel

Certifications for waiver beneficiaries are effective for 1 year from the date the physician signs the initial certification.

Certifications for non-waiver beneficiaries are effective for the timeframe indicated below as certified by the physician signing the certification:

☐ 3 months

☐ 6 months

☐ 9 months

☐ 12 months

What is the diagnosis related to incontinence?
_____

Does this beneficiary use any appliances (e.g. catheter, ostomy) to prevent incontinence? If so, please list
_____

Comments: _____

Please indicate **one** of the following:

☐ Incontinence Supplies are **NOT** medically necessary.

☐ Incontinence Supplies are **MEDICALLY NECESSARY** for this Medicaid beneficiary.

Physician's Signature: _____ Date: _____
(Nurse Practitioner or Physician Assistant signatures are not acceptable)