South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov
April 5, 2013
MB# 13-021

Phys
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MEDICAID BULLETIN

TO: **Providers Indicated**

SUBJECT: **Physician Certification of Incontinence**

In §6407 of the Affordable Care Act (Pub.L. 111-148) Congress added some conditions on the coverage of Durable Medical Equipment (DME). The Centers for Medicare and Medicaid Services (CMS) has proposed implementing changes to the DME regulations which also clarify the federal agency's position as to the availability of incontinence and other supplies and equipment under the Medicaid State Plan Home Health benefit. See 76 FR 41032–41039 (July 12, 2011).

In anticipation of these changes, the South Carolina Department of Health and Human Services is issuing this Bulletin which sets forth the interim policy for obtaining physician certification of incontinence supplies as a State Plan Service under the Home Health regulations at 42 CFR §440.70. An order must be obtained from the primary physician that the beneficiary is incontinent using the Physician Certification of Incontinence DHHS Form 168IS, which is attached.

The Physician Certification of Incontinence DHHS Form 168IS is mandatory for all beneficiaries receiving incontinence supplies as a State Plan Home Health benefit with the following effective dates:

- January 1, 2013 for beneficiaries in the Medically Complex Children's (MCC) waiver, Ventilator Dependent waiver and Community Support (CS) waiver.
- April 1, 2013 for beneficiaries in the Head and Spinal Cord Injury (HASCI) waiver, Intellectual Disabilities/Related Disabilities (ID/RD) waiver, Community Choices waiver and HIV/AIDS waiver.
- July 1, 2013 for non-waiver, fee for service beneficiaries.

The Physician Certification of Incontinence DHHS Form 168IS must be completed by the primary physician initially and every 12 months at a minimum.

Please visit www.scdhhs.gov for additional information on the Medicaid State Plan Home Health incontinence policy. Thank you for your continued support of the South Carolina Medicaid program.

/s/

Anthony E. Keck
Director

Attachment

South Carolina Department of Health & Human Services

Nikki Haley• Governor
Anthony E. Keck, Director

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

How long is this condition likely to continue? _____

What is the related diagnosis? _____

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: _____