



COMMISSIONER  
Jon Weizenbaum

Date: March 27, 2014

To: Home and Community-based Services Providers  
Texas Home Living Providers  
Financial Management Service Agencies

Subject: **Information Letter No. 14-18**  
(Replaces Information Letter 13-73)  
Medicaid Coverage of Incontinence Care Supplies and Gloves

The purpose of this letter is to provide clarification to Home and Community-based Services (HCS) and Texas Home Living (TxHmL) program providers and Financial Management Service Agencies (FMSAs) related to reimbursement of the following adaptive aids: diapers, diaper-wipes, incontinence briefs, incontinence liners, pull-ons, and non-sterile gloves for individuals served in these programs.

### **Third Party Resources**

As stated in the billing guidelines for TxHmL and HCS, the waiver programs will not reimburse for costs if third party resources are available. The Medicaid State Plan is considered a third party resource. Medicaid State Plan benefits must be exhausted before a provider may pursue reimbursement through the waiver.

Criteria for billing adaptive aids as a medical supply item are set in the [Texas Medicaid Providers Procedures Manual \(TMPPM\)](#), Volume 2, Durable Medical Equipment, Medical Supplies, and Nutritional Products and TMPPM, [Volume 2, Children's Services Handbook](#). TMPPM is updated on the 15<sup>th</sup> of each month by The Texas Medicaid & Healthcare Partnership (TMHP). The references cited in this letter are from the November 2013 version. Please note the TMPPM is subject to change; however, TMHP will give notice to providers prior to publishing changes.

### **Medicaid Coverage for Adaptive Aids: Diapers, Diaper Wipes, Incontinence Briefs, Incontinence Liners, Pull-ons and Non-Sterile Gloves**

When pursuing reimbursement for quantities of adaptive aids beyond the quantity allowable under the Medicaid policy, the provider or Consumer Directed Services (CDS) employer must obtain the following documentation, which is maintained in the individual's service record:

- Medicaid denial for diapers, diaper-wipes, incontinence briefs, incontinence liners or non-sterile gloves. A Medicaid denial is not required when there is a provision in the TMPPM that the adaptive aid is not covered by the Texas Medicaid Home Health Services or the Texas Health Steps programs.
- Physician's order for each required adaptive aid.
- Explanation of the need for the adaptive aid in the plan of care.
- Rationale explaining why the individual needs additional supplies, including a reference to the individual's condition or diagnosis that requires the adaptive aid and frequency of use.

This information is required to substantiate why the quantity obtained through the Medicaid policy is not sufficient to meet the individual's needs. The provider must provide the above documentation when requested by the Department of Aging and Disability Services (DADS) and when required for DADS authorization process.

### **Medicaid Coverage for TMPPM: Diapers, Incontinence Briefs, Pull-ons and Liners**

The purchase of diapers, incontinence briefs, pull-ons and liners is allowed under the Medicaid policy as outlined in the TMPPM. The products are defined as:

- Diapers and briefs – incontinence items attached with tabs (reusable diapers or briefs are not a covered benefit.)
- Pull-ons – incontinence items that do not attach with tabs and are slip-on items, such as “pull-ups.”
- Liners – intended to be worn inside diapers, briefs, and pull-ons to increase absorbency.

As of the date of this letter, for individuals four years of age and older with a medical condition that results in chronic incontinence, Medicaid will cover up to a maximum of 240 items per month (to include any combination of diapers, briefs, and liners) without prior authorization. For example, Medicaid will pay for 120 briefs and 120 liners for an individual who may need both liners and briefs. Quantities in excess of 240 per month may be considered with documentation of medical necessity and prior authorization.

Medicaid lists the Healthcare Common Procedure Coding System codes providers must use when billing for incontinence supplies. Effective November 2013, Healthcare Common Procedure Coding information can be found at:

[http://www.tmhp.com/Pages/CodeUpdates/HCPCS\\_2013.aspx](http://www.tmhp.com/Pages/CodeUpdates/HCPCS_2013.aspx)

### **Medicaid Coverage for TMPPM Diaper-wipes**

Diaper-wipes are allowable Medicaid policy purchases as follows:

- For individuals four years of age and older who are receiving diapers/briefs/pull-ons, up to two boxes of diaper-wipes per month are allowed without prior authorization.
- Quantities in excess of two boxes per month may be reimbursed through the Medicaid Comprehensive Care Program for individuals 20 years of age and younger with documentation of medical necessity and prior authorization.
- Providers must use procedure code A4335, miscellaneous incontinence supplies, with modifier U9 instead of procedure code A5120 when billing for diaper-wipes.

Note: Medicaid does not limit the number of wipes that can be purchased per box as the descriptor does not specify the number per box required or allowed.

**Medicaid Coverage for TMPPM: Non-sterile Gloves**

Non-sterile gloves are allowable Medicaid policy purchases as outlined in the TMPPM:

- Intermittent Catheters and Related Insertion Supplies states: “Non-sterile gloves are a benefit with prior authorization when a family member or friend is performing the catheterization.”
- Diapers, briefs, pull-ons, and liners states: “Gloves used to change diapers and briefs are not considered medically necessary unless the client has skin breakdown or a documented disease that may be transmitted through the urine or stool.”
- Wound Care Supplies states: “Nonsterile gloves may be considered for prior authorization when a family member or friend is performing the medical wound care.”

Additional references regarding Medicaid policy coverage of non-sterile gloves may be found in: TMPPM, [Volume 2, Children’s Services Handbook](#).

Non-sterile gloves for family members and similar caregivers are covered by the waiver, but only if the caregiver is in contact with the patient’s blood or the medical necessity for the use of gloves in caring for the individual is established. Medical necessity is defined by the TMPPM and includes catheterization, skin breakdown, wound care or a documented disease which may be transmitted through urine or stool.

Service providers who are considered by DADS to be similar to family members are contractors who provide companion care or foster care/host home services.

Non-sterile gloves required for HCS or TxHmL program provider employees’ use are considered an overhead cost to the program provider. Therefore, program providers cannot request reimbursement to pay for non-sterile gloves used by program provider staff or contractors.

<b>Type of direct service provider</b>	<b>Medicaid payment coverage for gloves</b>
Program provider employees in any setting	Not covered
Program provider contractors who are either related or unrelated to individuals served and are not providers of companion care or host home services.	Not covered
Family members or similar caregivers who are paid companion care or host home (formerly foster care ) service providers as specified in a provider contract or service agreement	Covered if medical necessity is justified
Family members or other similar caregivers living in the home who are not paid but may intermittently assist a companion care or host home provider in the individual’s care.	Covered if medical necessity is justified

There will be no determinations related to unallowable billings for the adaptive aides referenced in this letter prior to January 1, 2014 as outlined in the previous information letter. The attached “Frequently Asked Questions” provides additional clarification.

Other Online Resources:

- HCS program Billing Guidelines  
<http://www.dads.state.tx.us/handbooks/hcsbg/howtoprint/index.asp>
- TxHmL program Billing Guidelines  
<http://www.dads.state.tx.us/handbooks/txhmlbg/index.htm>
- Non-Sterile Glove Usage Resource Information:  
<http://www.dads.state.tx.us/qualitymatters/qcp/gloves/index.html>

Questions regarding the content of this letter may be submitted to the Billing and Payment Hotline at (512) 438-5359 or via email at [HCS.TxHmL.bpr@dads.state.tx.us](mailto:HCS.TxHmL.bpr@dads.state.tx.us).

Sincerely,

*[signature on file]*

Donna Jessee  
Director  
Center for Policy and Innovation

*[signature on file]*

Elisa J. Garza  
Assistant Commissioner  
Access and Intake

Attachment

## **Medicaid Waiver Coverage for Non-Sterile Gloves Frequently Asked Questions**

1. Why is there a change in policy around billing the HCS program for non-sterile gloves? During the DADS utilization review process which began in September 2012, it was discovered that non-sterile gloves had been billed to and paid by the HCS waiver outside of the specified criteria contained in the Texas Medicaid Providers Procedures Manual (TMPPM), Volume 2 Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook and TMPPM [Volume 2, Children's Services Handbook](#).

The current HCS Program Billing Guidelines identify these adaptive aides in Appendix VII as "1" or "2", which means that they apply to section 6160 Proof of Non-coverage by Medicaid and Medicare. The policy guidelines specify that non-sterile gloves must meet specifically defined medical necessity requirements. The defined medical necessity requirements include: catheterization, treatment of skin breakdown or an open wound, incontinence care when the individual has a documented disease that may be transmitted through the urine or stool. Further, as cited below, the HCS Medicaid waiver states that there must be medical need for non-sterile gloves in the description of excluded adaptive aide purchases:

"Excluded are those items and supplies, which are not of direct medical or remedial benefit to the individual and items and supplies that are available to the individual through the Medicaid State Plan, through other governmental programs, or through private insurance."

2. Under what circumstances can non-sterile gloves be put on the individual plan of care for use by paid employees or paid contractors?

The Medicaid waiver can provide non-sterile gloves to an individual who has the specified medical need only when third party resources are exhausted, medical justification is provided and the care taker is one of the following:

Family members or other similar caregivers living in the home who are not paid but may intermittently assist a companion care or foster care/host home provider in the individual's care.

OR

Family members or similar caregivers who are paid companion care or foster care/host home service providers as specified in a provider contract or service agreement.

3. In which settings are non-sterile gloves covered?

Gloves may also be covered in settings outside the home. For example: If day habilitation provider staff changed a wound dressing or catheterize the individual, the gloves would not be

covered for that use. If instead one of the following were to come to the individual's day habilitation site to perform these procedures the gloves would be covered for that use:

Family members or other similar caregivers living in the home who are not paid but may intermittently assist a companion care or foster care/host home provider in the individual's care.

OR

Family members or similar caregivers who are paid companion care or foster care/host home service providers as specified in a provider contract or service agreement.

4. Why doesn't Medicaid cover non-sterile gloves when the Occupational Safety Health Administration (OSHA) guidelines recommend that gloves be used to provide care for an individual?

OSHA requires employers to provide gloves as a "personal protective equipment" item for employees to protect workers who are occupationally exposed to blood and other potentially infectious material, as defined by the OSHA Bloodborne Pathogens standard. Based on OSHA Medicaid does not pay for gloves for program providers or program provider contractors who are either related to or unrelated to individual's served.

Medicaid covers non-sterile gloves for the following when medical necessity criteria are met:

Family members or other similar caregivers living in the home who are not paid but may intermittently assist a companion care or foster care/host home provider in the individual's care.

OR

Family members or similar caregivers who are paid companion care or foster care/host home service providers as specified in a provider contract or service agreement.

The OSHA Bloodborne Pathogens standard and the Texas Medicaid Program Procedure Manual define potentially infectious body fluids as mucous or fluids seeping from a skin wound or skin breakdown, blood, urine or stool which may transmit a diagnosed infectious disease. If OSHA says that hand washing is sufficient but the individual or Legally Authorized Representative (LAR) wants gloves to be used, the gloves can be purchased by an individual or LAR. In an effort to provide educational support to the provider network, the individuals they serve and LARs about the necessary use of non-sterile gloves, DADS has posted a resource document that can be found by accessing the "other online resources" link in the IL.