

ALABAMA MEDICAID

Provider Training

Incontinence Supplies

Presenter: Sheila McDaniel, RN
Medical Quality and Review Unit
(256) 890-3159



SUBMITTING PRIOR AUTHORIZATIONS

Providers can submit electronic prior authorization (PA) requests using Gainwell's Provider Electronic Solutions software. Providers may also submit PA requests through the interactive web portal.

Please refer to the below chapter 4, link for further instructions in obtaining prior authorization.

https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals.aspx



TIME FRAMES

PA requests for purchase, rental, or recertification of durable medical equipment (DME) must be received by Medicaid's fiscal agent within thirty calendar days of the date the equipment was dispensed. ***Waived during the COVID-19 National Public Health Emergency (PHE).**

Requests for reconsideration of a denied PA may be submitted with additional information within 30 days from the date of the denial letter. If additional documentation is not received within 30 days, the PA will deny for lack of additional information.

PAs are reviewed by the Agency's contractor (Kepro) within 30 days of receipt. Kepro may be contacted at (800) 426-7259 or (800) 472-2902 to inquire about PAs.



PRESCRIPTIONS

A prescription signed by either a physician, certified registered nurse practitioner (CRNP), or physician assistant (PA) enrolled with Alabama Medicaid as a prescribing provider is required.

The prescription must be dated prior to or on the delivery date unless a different effective date is documented. An effective date that is handwritten on a prescription and differs from the date of the ordering practitioner's signature must be initialed and dated by the ordering practitioner.

See the below link to chapter 14.

https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals.aspx



PRESCRIPTIONS CONTINUED

The length of need may be documented on the prescription or elsewhere in the medical documentation.

Medicaid considers a prescription to be valid for the dispensing of supplies for a period of twelve months.

A prescription is outdated when it is presented to Medicaid's fiscal agent past 90 days from the date it was written. ***Waived during the COVID-19 National Public Health Emergency (PHE).**

An Early Periodic Screening Diagnosis Treatment (EPSDT) referral may be submitted as a prescription. The date and signature of the ordering practitioner, the specific item(s) ordered, and the recipient's name must be present on the referral when submitted as a prescription.



EPSDT REFERRALS

***EPSDT referrals waived during the COVID-19 National Public Health Emergency (PHE).**

An EPSDT referral (Form 362) is required for recipients under the age of 21 from either a physician, nurse practitioner, registered nurse, or physician assistant enrolled as an EPSDT screening provider. EPSDT screenings are performed annually (per calendar year) for recipients 3-20 years of age.

The referral must include the screening date, the printed, typed, or stamped name of the screening practitioner with an original signature of the screening practitioner or designee. Electronic signatures are accepted. Stamped or copied signatures are not accepted. Dates of service/units for incontinence supplies are approved based on the EPSDT expiration date.

See the below link to Form 362.

[https://medicaid.alabama.gov/documents/9.0 Resources/9.4 Forms Library/9.4.17 Referral Forms/9.4.17 Form 362 Referral Revised 10-24-19.pdf](https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.17_Referral_Forms/9.4.17_Form_362_Referral_Revised_10-24-19.pdf)



INCONTINENCE SUPPLIES CRITERIA

1. Recipient must be at least three years old;
2. Patient must be non-ambulatory or minimally ambulatory; and
3. Patient must be medically at risk for skin breakdown, which is defined as meeting at least two of the following:
 - a. Unable to control bowel or bladder functions,
 - b. Unable to utilize regular toilet facilities due to medical condition,
 - c. Unable to physically turn self or reposition self, or
 - d. Unable to transfer self from bed to chair or wheelchair without assistance.



INCONTINENCE SUPPLIES CRITERIA CONTINUED

*If a recipient is fully ambulatory, but due to their mental status/cognitive or developmental disability, the recipient is unable to assist in their toileting needs, documentation of the extraordinary need must be submitted.

Medical records must be submitted to justify the medical necessity of all incontinence supplies. *Medical records are not required to be from the ordering or referring practitioner.

See the below link to the public checklist (01-08) for incontinence supplies and the EPSDT DME Fee Schedule.

[Alabama Medicaid](#)

https://medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules/7.3G_DME_EPSDT_Referral_Fee_Schedule_5-13-21.pdf



QUESTIONS?



CONTACTS

Sheila McDaniel, Prior Authorization Review RN

Phone: 256-890-3159

Email: Sheila.Mcdaniel@medicaid.alabama.gov

Tiffany Green , DME Program Manager

Phone: 334-242-2326

Email: Tiffany.Green@medicaid.alabama.gov



CONTACTS CONTINUED

Heather Vega, Associate Director, Clinical Services & Support

Phone: 334-353-4592

Email: Heather.Vega@medicaid.alabama.gov

Tommy Stedham, Associate Director, Medical Quality & Review Unit

Phone: 334-353-3711

Email: Thomas.Stedham@medicaid.alabama.gov



CONTACTS CONTINUED

Kelli Littlejohn Newman, Director, Clinical Services & Support

Phone: 334-353-4525

Email: Kelli.Littlejohn@medicaid.alabama.gov

