



## Gammie HomeCare

Compassionate. Knowledgeable. Solutions.

### *Maui*

292 Alamaha St.  
Kahului, HI 96732  
P: (808) 877-4032  
F: (808) 442-0409

### *Kauai*

4490 Puhi Rd. Unit #101  
Lihue, HI 96766  
P: (808) 632-2333  
F: (808) 442-0409

### *Oahu*

98-199 Kamehameha Hwy. E#4  
Aiea, HI 9 701  
P: (808) 597-8087  
F: (808) 442-0409

## Incontinence Supplies Insurance Coverage Criteria

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1

Prescription of Ordered Item(s) – Currently we have Briefs, Underpads and Gloves available for this product line

2

Medical Records Documenting:

1. Patient diagnosis of incontinence (urine, fecal or both)
2. Patient has medical need for each type of incontinence product (i.e. briefs, underpads, and/or gloves)
3. State the monthly usage quantity needed. Anything above maximum quantity allowed requires **significant** medical justification as to why additional supplies are needed  
Max Qty: Briefs = 200, Underpads = 50, Gloves = 100 (1 box)

3

Letter of Medical Necessity

(Form supplied by Gammie HomeCare if documentation qualifies for coverage)

4

HMSA Criteria

1. Refer to page 2 for required medical necessity.
2. HMSA will not cover supplies if criteria not met

### HMSA Policy Criteria - Urinary

A. Incontinence supplies for urinary incontinence are covered (subject to Limitations and Administrative Guidelines) when criteria A. 1 to 3 are met **OR** criterion A. 4 is met:

1. A focused medical history and physical examination are conducted to evaluate urinary incontinence and identify treatable contributing factors, such as:
  - a. Urinary tract infections
  - b. Atrophic urethritis/vaginitis
  - c. Medications (e.g., diuretics, psychoactive drugs)
  - d. Medical conditions (e.g., diabetes, neurological diseases, delirium)
  - e. Environmental factors (e.g., lack of toilet access, restrictive clothing)
  - f. Social issues (e.g., homelessness, inconsistent caregiver support).
2. Treatable factors contributing to urinary incontinence have been addressed.
3. All appropriate standard treatments for urinary incontinence—including lifestyle, behavioral, pharmacologic, and surgical options—have been attempted, are contraindicated, or deemed clinically inappropriate for this patient.

**OR**

4. The patient has chronic urinary incontinence due to a medically documented underlying condition, such as advanced dementia or a neurological disorder.

### HMSA Policy Criteria - Fecal

B. Incontinence supplies for fecal incontinence are covered (subject to Limitations and Administrative Guidelines) when criteria 1 to 3 are met **OR** criterion 4 is met:

1. A focused medical history and targeted physical examination have been conducted to evaluate fecal incontinence and detect contributing factors.
2. Treatable factors contributing to fecal incontinence have been addressed.
3. Applicable medical or surgical alternatives to correct or control fecal incontinence have been ineffective, only partially effective, contraindicated, or deemed inappropriate for the patient.

**OR**

4. The patient has a long-standing history of incontinence due to a clearly identified etiology, e.g., advanced dementia or neurological disease.

**Note: Gammie HomeCare is only contracted to do incontinence supplies with AlohaCare Quest, Kaiser Quest and HMSA Quest. Ohana Health Plan and UHC Quest members must go through their insurance preferred vendor for incontinence supplies.**

All incontinence supply orders require authorization from the insurance company. Once documentation above is received Gammie HomeCare will handle all authorization submissions for the patient.

Coverage criteria is taken from the CMS Medicare Local Coverage Determination policies. These guidelines are subject to change without notice. Last Updated 8.16.19.