

State	Age first available	Cutoff age	Childless adult coverage	Prescription/certification required	Specific conditions covered	Toilet training must be tried and deemed not viable?
Alabama AL	3 yrs. old under EPSDT <sup>1</sup>	None	No	A written order or a signed prescription from the attending physician must be dated prior to or on the delivery date, unless a different effective date is clearly documented on the prescription/order. Otherwise, the effective date is the date of the physician signature. An effective date that is handwritten on a prescription/order and differs from the date of the physician's signature must be initialed and dated by the physician to verify the effective date. (Section 14.2.3)  Prior authorization requests must include medical records. (Section 14.3)	Non or minimally ambulatory and 2 of 4 conditions of incontinence: 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. (Section 14.2.25)	No
Alaska AK	3 yrs. old <sup>2</sup>	None	Yes <sup>3</sup>	Prior Authorization request including: a. documentation that the item or service is necessary to treat, correct, or ameliorate a defect, condition, or physical or mental illness if the recipient is < 21 years of age, b. an incontinence prescription form that includes: (i) diagnosis that is related to the cause or is causing the incontinence of the bladder, bowels, or both; (ii) diagnosis of the type of incontinence; (iii) prognosis for controlling incontinence; and (iv) item or items to be dispensed; and c. an incontinence certificate of medical necessity form that includes the: frequency of incontinence; (ii) duration of need; (iii) diuretic or other medications that increase output; (iv) products currently being used; (v) skin integrity or vulnerability to skin breakdown; (vi) measurements for product sizes; (vii) quantity of item or items; (viii) known allergies to product materials; (ix) description of activities outside of the home; and (x) description of abilities to manage incontinence independently or with assistance. <sup>4</sup>		Yes. The department will pay for disposable incontinence products including diapers, for recipients three years of age or older if the recipient has not responded to, would not benefit from, or has failed bowel or bladder training. <sup>5</sup>



<sup>1</sup> Alabama Medicaid Agency. (October 2015). Provider Manual, Ch. 14 Durable medical equipment. Retrieved from: [http://medicaid.alabama.gov/documents/6.0\\_Providers/6.7\\_Manuals/6.7.1\\_Provider\\_Manuals\\_2015/6.7.1.4\\_October\\_2015/Oct15\\_14.pdf](http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2015/6.7.1.4_October_2015/Oct15_14.pdf).

<sup>2</sup> Alaska Admin. Code § 120.200(p)(1); see also Alaska Medical Assistance Program. (n.d.) Durable medical equipment, medical supplies, respiratory assessment therapy visits, prosthetics, orthotics, and home infusion therapy billing provider manual. Retrieved from: [http://manuals.medicaidalaska.com/docs/dnld/BillingManual\\_DurableMedicalEquipment.pdf](http://manuals.medicaidalaska.com/docs/dnld/BillingManual_DurableMedicalEquipment.pdf).

<sup>3</sup> See <https://www.healthinsurance.org/alaska-medicaid/>.

<sup>4</sup> Alaska Admin. Code § 120.210.

<sup>5</sup> Alaska Admin. Code § 120.200(p)(1)(C).

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<b>Arizona</b> 	3 yrs. old <sup>6</sup>	None	Yes	<p>Prescription and prior authorization required. <sup>7</sup></p> <p>For children &gt;3 and &lt;21, no more than 240 diapers/month unless more than 240 diapers/month is deemed medically necessary. <sup>8</sup></p> <p>For members 21 years or older, limit is 180, unless more is deemed medically necessary. <sup>9</sup></p>	<p>For Members &gt;3 and &lt;21, must be “incontinent due to a documented disability that caused incontinence of bowel and/or bladder”. <sup>10</sup></p> <p>For Members 21 years of age and older, must be necessary to treat a medical condition. <sup>11</sup></p>	No
<b>Arkansas</b> 	3 yrs. old <sup>12</sup>	None	Yes	<p>Must be medically necessary. Benefit limited to \$130/month, however, the benefit may be extended with the following documentation, to be submitted to the Prosthetics Services Reviewer, DMS Utilization Review:</p> <ol style="list-style-type: none"> <li>A completed Medicaid Form DMS-699, titled Request for Extension of Benefits for the requested time period prior to the delivery of the product; and</li> <li>Documentation supported by the medical record substantiating the medical necessity of an extension of benefits, including the prescription(s) for all prescribed incontinence products.</li> </ol>	<p>Diaper services must be medically necessary and the medical condition that prohibits the ability to potty train must be documented. Only patients with a medical condition that results in incontinence of the bladder and/or bowel may receive diapers through the Home Health and Prosthetics Programs. This coverage does not apply to infants who would be in diapers regardless of their medical condition. Medicaid does not cover underpads or diapers for beneficiaries under the age of 3.</p>	Yes, and documented

<sup>6</sup> Ariz. Admin. Code R9-22-212(E)(5); see also Arizona Health Care Cost Containment System.(October 2015). Medical policy for maternal and child health. In Medical policy system manual. Retrieved from: <http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap400.pdf>.

<sup>7</sup> Ariz. Admin. Code R9-22-212(E)(6).



<sup>8</sup> Ariz. Admin. Code R9-22-212(E)(6).

<sup>9</sup> Arizona Medical Policy for AHCCCS Covered Services, Chapter 300, Section 310-P. Retrieved from: <http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf>.

<sup>10</sup> Ariz. Admin. Code R9-22-212(E)(6).

<sup>11</sup> Arizona Medical Policy for AHCCCS Covered Services, Chapter 300, Section 310-P. Retrieved from: <http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf>.

<sup>12</sup> Ark. Admin. Code §§ 016.06.48-212.100 & 016.06.19-213.400; Arkansas Medicaid. (n.d.) Prosthetics: Section II- Program Policy. In Arkansas Medicaid provider manual. Retrieved from: <https://www.medicaid.state.ar.us/Provider/docs/prosthet.aspx>.




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<b>California</b> 	5 years old. Medi-Cal may reimburse for incontinence supplies through the EPSDT Supplemental Services benefit where the incontinence is due to a chronic physical or mental condition, including cerebral palsy and developmental delay, and at an age when the child would normally be expected to achieve continence. under EPSDT <sup>13</sup>	None	Yes	Yes, prescription must include: <ol style="list-style-type: none"> <li>Diagnosis name and ICD-10-CM code specific to the medical condition/diagnosis causing incontinence.</li> <li>Diagnosis name and ICD-10-CM code specific to the type of incontinence for which the incontinence medical supply is required.</li> <li>Product name or description</li> <li>Anticipated frequency of replacement required for the incontinence supply and</li> <li>Quantity.</li> </ol> Treatment Authorization Request also required. <sup>14</sup>	Incontinence is due to a chronic physical or mental condition, including cerebral palsy and developmental delay, and at an age when the child would normally be expected to achieve continence.	No
<b>Colorado</b> 	For those enrolled in Denver Health Medicaid Choice, a two-month supply is provided at birth. Additional diapers are provided throughout first 15 months if/ when mothers go for doctor visits. <sup>15</sup> For all others, age 3. <sup>16</sup>	None	Yes	Yes	Prescription must include incontinence as the primary or secondary diagnosis (for incontinence briefs).	No

<sup>13</sup> Medi-Cal. (February 2015). California Medi-Cal Manual, Part 2, Medi-Cal Billing and Policy, Durable Medical Equipment and Medical Supplies, Incontinence Medical Supplies at p. 1. Retrieved from [http://files.medi-cal.ca.gov/pubdoco/Manuals\\_menu.asp](http://files.medi-cal.ca.gov/pubdoco/Manuals_menu.asp).

<sup>14</sup> Id. at 7.

<sup>15</sup> Denver Health Medicaid Choice. (2015). Programs for moms and babies. Retrieved from: <http://www.denverhealthmedicaid.org/programs-moms-and-babies>.



<sup>16</sup> Colorado Medical Assistance Program. (September 2015). Durable medical equipment and supplies provider manual. Retrieved from: [https://www.colorado.gov/pacific/sites/default/files/DME%20Billing%20Manual\\_2.pdf](https://www.colorado.gov/pacific/sites/default/files/DME%20Billing%20Manual_2.pdf).

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<b>Connecticut</b> 	3 years old under EPSDT. <sup>17</sup> Through EPSDT, CMAP must require services to Medicaid enrollees under age 21 where the services are medically necessary (which diapers are). The definition is provided at <i>Conn. Gen. Stat. § 17b-259(b)</i> .	None	Yes	Prior Authorization required for children 3-12; and for children over 12 when quantity exceeds policy limit. <sup>18</sup>	Coverage determinations are based on an individual assessment of the member and his or her clinical needs.	No
<b>Delaware</b> 	In special cases birth, but otherwise 4 years old. <sup>19</sup> This is specifically outlined in Delaware Policy 5.11.1, and requires that the incontinence product be deemed medically necessary, as defined at 16 <i>Del. Admin. Code § 13(H)</i> .	None	Yes	A letter from the attending practitioner must be submitted to the Medical Review Team detailing medical necessity. The letter must address the child's diagnosis, the effects of the condition, the duration of the condition, the functional level of the child, the number of diapers used per day, why the excessive number is medically necessary, and if attempted, the results of toilet training. See Delaware Medical Assistance Policy 5.11.2.2.	Individual consideration may be given for the coverage of disposable diapers for those children under four years of age when the use is outside the normal range. (The DMAP considers eight diapers per day to be normal usage.) See Delaware Medical Assistance Policy 5.11.3.1.	No
<b>District of Columbia</b> 	No age restriction, subject to medical necessity.	None	Yes	Must be prescribed by a physician with appropriate medical necessity documentation; prior authorization not required. <sup>20</sup>	Adult disposable diapers limited to 300 units per month; Pediatric disposable diapers limited to 300 units per month; reusable diapers limited to 150 units per month. <sup>21</sup>	No

<sup>17</sup> Husky Health Connecticut. (August 2015). Provider policies & procedures. Retrieved from: [http://www.huskyhealthct.org/providers/provider\\_postings/policies\\_procedures/Incontinence\\_Supplies\\_Policy.pdf](http://www.huskyhealthct.org/providers/provider_postings/policies_procedures/Incontinence_Supplies_Policy.pdf).

<sup>18</sup> Id.

<sup>19</sup> Delaware Health and Social Services. (May 2014). Supplies and durable medical equipment. In Program provider manual. Retrieved from: <http://www.dmap.state.de.us/downloads/manuals/DME.Provider.Specific.pdf>.

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<b>Florida</b> 	4 years old <sup>22</sup>	Under 21 years old	No	Yes	The prescription must specify the type of incontinence (the primary ICD-CM code and the secondary ICD-CM code) for which the incontinence supplies were prescribed. The prescription must be written prior to the delivery of supplies.	No
<b>Georgia</b> 	4 years old <sup>23</sup>	Under 21 years old	No <sup>24</sup>	Documentation required of diagnosis supporting medical necessity.	<p>Incontinence supplies under EPSDT are covered for children ages 4-21 who have an underlying medical condition that prevents control of the bowels or bladder. <sup>25</sup></p> <p>Incontinence supplies also covered for individuals enrolled in the Comprehensive Supports Waiver Program (COMP) or the New Options Waiver Program (NOW) (both for Medicaid-eligible individuals with intellectual and developmental disabilities), if such supplies are specified in the Individual Service Plan. <sup>26</sup></p>	No



<sup>22</sup>Florida Agency for Health Care Administration. (July 2010). Durable medical equipment and medical supply services coverage and limitations handbook. Retrieved from: [http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL\\_10\\_100601\\_DME\\_ver1\\_0.pdf](http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_10_100601_DME_ver1_0.pdf)

<sup>23</sup>Policies and Procedures for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services, Georgia Department of Community Health (January 1, 2016), available at: <https://www.mmis.georgia.gov/portal/PubAccessProviderInformation/ProviderManuals/tabid/54/Default.aspx>.

<sup>24</sup>Georgia Medicaid State Plan, Attachment 3.1-A, p. 3b-1, available at [https://dch.georgia.gov/sites/dch.georgia.gov/files/related\\_files/document/State\\_Plan\\_Attachment\\_3.pdf](https://dch.georgia.gov/sites/dch.georgia.gov/files/related_files/document/State_Plan_Attachment_3.pdf); Policies and Procedures for Durable Medical Equipment, Georgia Department of Community Health (January 1, 2016), pp. 10-12, available at: <https://www.mmis.georgia.gov/portal/PubAccessProviderInformation/ProviderManuals/tabid/54/Default.aspx>.

<sup>25</sup>Policies and Procedures for Early and Period Screening Diagnostic and Treatment (EPSDT) Services, Georgia Department of Community Health (January 1, 2016), p. X-5, available at <https://www.mmis.georgia.gov/portal/PubAccessProviderInformation/ProviderManuals/tabid/54/Default.aspx>.

<sup>26</sup>Policies and Procedures for Comprehensive Supports Waiver Program (COMP) and New Options Waiver Program (NOW), Georgia Department of Community Health (January 1, 2016), p. IX-3, available at [https://dch.georgia.gov/sites/dch.georgia.gov/files/NOW\\_COMP\\_FY14\\_Final\\_1.pdf](https://dch.georgia.gov/sites/dch.georgia.gov/files/NOW_COMP_FY14_Final_1.pdf).

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<b>Hawaii</b> 	3 years old <sup>27</sup>	None	Yes	Yes	<p>One of the following signs/symptoms of incontinence that include, but not limited to:</p> <ul style="list-style-type: none"> <li>a. Stress – urine loss caused by increased intra-abdominal pressure;</li> <li>b. Urge – urine loss caused by involuntary bladder contraction;</li> <li>c. Mixed – urine loss caused by a combination of stress and urge incontinence;</li> <li>d. Overflow – urine loss when urine produced exceeds the bladder's holding capacity; AND,</li> <li>e. Total – uncontrolled or continuous leakage caused by neurological dysfunction, abdominal surgeries, or anatomical defects.</li> </ul> <p>For individuals over the age of twenty-one, coverage is limited to two hundred diapers per month. <sup>28</sup></p>	No
<b>Idaho</b> 	4 years old <sup>29</sup>	None, as long as not in long term care	No	<p>No prior authorization needed unless the individual requires an amount over the monthly limit. <sup>30</sup></p> <p>Physician order required with the following information to support the medical necessity:</p> <ul style="list-style-type: none"> <li>a. The participant's medical diagnosis;</li> <li>b. An estimate of the time period that the medical supply item will be necessary and frequency of use.</li> <li>c. The type and quantity of supplies necessary must be identified;</li> <li>d. Documentation of the participant's medical necessity for the item, that meets coverage criteria in the CMS/Medicare DME coverage manual. <sup>31</sup></li> </ul>	<p>Diagnosis should be accompanied by a toilet training plan.</p> <p>Pull-ups, for participants between the ages of 4 and 21, are only allowed when the participant is participating in a formal toilet training program written by an Occupational Therapist, Qualified Intellectual Disabilities Professional (QIDP), or Developmental Specialist. <sup>32</sup></p> <p>Any combination of disposable diapers/liners/Pull-ups is limited to a total of 240 units per month. <sup>33</sup></p>	Yes

<sup>27</sup>Hawaii Department of Human Services. (February 2011). Chapter 10- Durable medical equipment, prosthetic and orthotic devices, and medical supplies. In Hawaii Medical provider manual. Retrieved from: <http://www.med-quest.us/PDFs/Provider%20Manual/PMChp1011.pdf>.

<sup>28</sup>Haw. Admin. Rules § 17-1737-73(d)(11).

<sup>29</sup>Idaho Admin. Code § 16.03.09.752; see also, Idaho MMIS. (September 2015). Suppliers. Retrieved from: <https://www.idmedicaid.com/Provider%20Guidelines/Suppliers.pdf>.

<sup>30</sup>Idaho Admin. Code § 16.03.09.752.04.b.

<sup>31</sup>Idaho Admin. Code § 16.03.09.752.04.b.

<sup>32</sup>Idaho MMIS. (September 2015). Suppliers. Retrieved from: <https://www.idmedicaid.com/Provider%20Guidelines/Suppliers.pdf>.

<sup>33</sup>Idaho Admin. Code § 16.03.09.752.01.




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<b>Illinois</b> IL	4 years old <sup>34</sup>	99 years old	Yes	Only when patient requires more than 200 diapers over 30 days.		No
<b>Indiana</b> IN	3 years old <sup>35</sup>	None	Yes	Physician order required and based on medical necessity. Written order must include type and size of the product, quantity, frequency of use, and anticipated duration of need and the clinical documentation must include a diagnosis of incontinence.	Medically supported diagnosis.  A beneficiary is limited to a maximum of \$1,950 of incontinence supplies per calendar year.	Yes
<b>Iowa</b> IA	3 years old <sup>36</sup>	None	Yes	Must be prescribed and only covered when: (1) determined to be appropriate for a beneficiary who has lost control over bowel or bladder function; (2) a bowel or bladder training program was not successful; AND (3) the member is 3 years of age or older.	Not covered for stress, urge, or overflow incontinence.  State provides maximum 90-day units that can be provided, either standalone or in combination with other incontinence supplies. Example: diaper/brief limited to 1,080 per 90-day supply.	Yes, bowel and bladder training program must be deemed not successful.
<b>Kansas</b> KS	5 years old <sup>37</sup>	Under 21 years old	No	Prior approval required and must include: (1) beneficiary is incontinent; (2) demonstrate failure of toilet training or medical reason for why training is not possible; (3) medical diagnosis that shows neurological or physiological damage to the body; (4) provide prescription and letter of medical necessity; and (5) an explanation of all attempts that have been made to toilet train and/or regulate.	All beneficiaries limited to a combined total of six units per day OR a cumulative total not to exceed \$150 per month, whichever is less.	Yes, toilet training efforts must have failed or there must be medical reasons why toilet training is not possible.

<sup>34</sup> Illinois Department of Healthcare and Family Services. (June 15, 2012). Incontinence supplies changes. Retrieved from: <http://www.hfs.illinois.gov/html/061512n.html>.

<sup>35</sup> Indiana Family & Social Services Administration. (October 2015). Medical policy manual. Retrieved from: <http://provider.indianamedicaid.com/ihcp/manuals/Medical%20Policy%20Manual.pdf>.

<sup>36</sup> Iowa Department of Human Services. (May 1, 2014). Medical equipment and supply dealer provider manual. Retrieved from: <http://dhs.iowa.gov/sites/default/files/MedEquip.pdf>.

<sup>37</sup> Kansas Medical Assistance Program. (September 2013). Durable medical equipment fee-for-service provider manual. Retrieved from: [https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/DME\\_09032013\\_13073.pdf](https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/DME_09032013_13073.pdf).

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<b>Kentucky</b> 	3 years old <sup>38</sup>	None	Yes	Must be recipient of home health services and provided with prior authorization, pursuant to a plan of care, and provided in a recipient's place of residence.	Pediatric, youth, and adult diapers and pull-ons limited to 192 per month (including any combination of products).  Disposable liners, shields, guards, pads, and undergarments limited to 192 per month.  Disposable underpads limited to 150 per month. <sup>39</sup>	No
<b>Louisiana</b> 	4 years old <sup>40</sup>	Under 21 years old	No	Prior authorization is required and must include documentation supporting a physician's prescription, such as diagnosis, item, duration of need, size and quantity, and description of mobility/limitations.	For diapers, the individual has a medical condition resulting in permanent bowel/bladder incontinence, and the individual would not benefit from or has failed a bowel/bladder training program when appropriate for the medical condition.  Disposable incontinence supplies limited to 8 per day.	Yes
<b>Maine</b> 	5 years old <sup>41</sup>	None	Yes	Any supply that exceeds monthly limit requires prior authorization.  Prescription needed from physician or PCP and member has medical condition that failed to respond to bowel/bladder training program or will not benefit from bowel/bladder training program.	Prior authorization required for children 5 or younger and must include sufficient supporting medical documentation from the PCP (i.e., specific medical exam records and supporting medical literature that shows that the member's medical condition causes incontinence that would not otherwise be normally expected in this age group) to establish the medical necessity and a bowel/bladder training program has failed.  Specific monthly limits apply to beneficiaries who are 21 years and older.	Yes or establish that bowel/bladder training program would not be beneficial.




<sup>38</sup> Kentucky Cabinet for Health and Family Services. Home health agency services. In 907 KAR. Retrieved from: <http://www.lrc.state.ky.us/kar/907/001/030.htm>.

<sup>39</sup> Kentucky Home Health Care Supply Schedule, retrieved from: <http://chfs.ky.gov/NR/rdonlyres/4B6674B1-B1A5-4EAB-AFE1-25D3319E01FD/0/HHsupplysuppliescheduleFinal1108revforweb.xls>.

<sup>40</sup> Louisiana Medicaid Program. (January 15, 2015). Chapter 18- Durable medical equipment. In Medicaid services manual. Retrieved from: <http://www.lamedicaid.com/provweb1/Providermanuals/manuals/DME/DME.pdf>.

<sup>41</sup> Maine Department of Health and Human Services. (June 13, 2015). Chapter II, Section 60: Medical Supplies and Durable Medical Equipment. In Maine benefits manual. Retrieved from: <http://www.maine.gov/sos/cec/rules/10/ch101.htm>.



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<b>Maryland</b> 	Under 3 years old if medically necessary	None	Yes	Yes for children under 3 or if in excess of the direct bill limit, and must be medically necessary for medical conditions associated with prolonged urinary or bowel incontinence.	Prior authorization required for: <ol style="list-style-type: none"> <li>1. Incontinence supplies for recipients under 3 years old;</li> <li>2. Incontinency pants for recipients age 3-15 in excess of 240 in any 30-day period and for underpads in excess of 135 in any 30-day period; and</li> <li>3. Incontinency pants for recipients age 16 or older in excess of 180 in any 30-day period and for underpads in excess of 100 in any 30-day period <sup>42</sup></li> </ol>	No
<b>Massachusetts</b> 	3 years old <sup>43</sup>	None	Yes	Prior authorization required, subject to medical necessity.	Must present at least one sign of incontinence, which can include reported wet clothes or diapers, reported bed-wetting, observed wet clothes, diapers, or briefs, and/or direct observation of urine loss. <sup>44</sup>  Disposable incontinence products limited to 248 units per month. <sup>45</sup>	Treatments to manage symptoms of incontinence have been tried and failed, or only partially successful.
<b>Michigan</b> 	3 years old <sup>46</sup>	None	Yes	Yes.  Prior authorization required only if usage of incontinence supplies exceeds established quantity limitations.	Beneficiary has a medical condition resulting in incontinence and has failed to respond to a bowel/bladder program.  For a beneficiary using both diapers and pull-on briefs, the total combined quantity may not exceed 300 per month.  For a beneficiary using a combination of different sized diapers, the total quantity may not exceed 300 per month.	Yes, beneficiary must have failed to respond to a bowel/bladder training program.



<sup>42</sup> Md. Code Regs. 10-09.12.05-06.

<sup>43</sup> Mass Health. (2014). Guidelines for medical necessity determination for absorbent products. Retrieved from <http://www.mass.gov/eohhs/docs/masshealth/guidelines/mg-absorbent.pdf>.

<sup>44</sup> Id.

<sup>45</sup> MassHealth DME & Oxygen Payment and Coverage Guideline Tool v.25, retrieved from: <http://www.mass.gov/eohhs/docs/masshealth/mh-paymnt-coverage-guideline-tools/mhpgt-dme-oxy.pdf>.

<sup>46</sup> Michigan Department of Health and Human Services. (October 1, 2015). Medicaid provider manual. Retrieved from: <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>.

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<b>Minnesota</b> 	4 years old, under 4 years old only if documentation of diagnosis of excessive urine or fecal output requiring more than 10 diapers/day <sup>47</sup>	None	Yes	Yes, request for authorization and physician's order required.	Recipient must have a diagnosis of an underlying medical condition that involves loss of bladder or bowel control for briefs, pull-on disposable underwear, guards, shields, pads or liners.	Recipient must be ambulatory or toilet training for pull-on disposable underwear.
<b>Mississippi</b> 	3 years old <sup>48</sup>		No	Yes, order by MD, RNP or PA, supported by medical necessity and diagnosis of incontinence. The order must include a start and stop date, and a detailed list of the incontinence supplies ordered, and must be renewed every 6 months.	<p>Must have at least two of four indicators of incontinence:</p> <ol style="list-style-type: none"> <li>Unable to control bowel or bladder functions;</li> <li>Unable to utilize regular toilet facilities due to a documented medical condition;</li> <li>Unable to physically turn self or reposition self;</li> <li>Unable to transfer self from bed to chair or wheelchair without assistance.</li> </ol> <p>Only covered as a maximum quantity of 6 per day - individual consideration given to requests for greater than 6, when supported by medical necessity.</p>	No

<sup>47</sup> Minnesota Department of Human Services. (January 17, 2014). Incontinence products. Retrieved from: [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_141527](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_141527).



<sup>48</sup> Miss. Admin. Code § 23-209:2.5; see also, Mississippi Division of Medicaid. (January 1, 2013). Medicaid part 209 durable medical equipment and medical supplies. Retrieved from: <http://www.medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-209.pdf>.

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<b>Missouri</b> 	4 years old <sup>49</sup>	20 years old, coverage for individuals over 20 when enumerated criteria are met. <sup>50</sup>	No	Yes, prescription required.	<p>The presence of a medical condition causing bowel/bladder incontinence; and the participant would not benefit from or has failed a bowel/bladder training program.</p> <p>Diapers covered for patients over the age of 20 when the following criteria are met:</p> <ol style="list-style-type: none"> <li>Prescriber must complete and submit an Exception Request Form certifying that incontinence supplies are medically necessary;</li> <li>A focused medical history and targeted physical exam within the past 12 mths that (i) was conducted to detect factors contributing to bladder or bowel incontinence that, if treated, could improve or eliminate the incontinence, (ii) includes any tests deemed appropriate by prescriber;</li> <li>Items are prescribed and determined to be medically necessary where there is the presence of a medical condition causing bladder or bowel incontinence;</li> <li>Treatments appropriate to manage symptoms of incontinence have been tried and failed or partially successful.</li> </ol> <p>Quantity is limited to 186 per month.</p>	Yes
<b>Montana</b> 	3 years old <sup>51</sup>	None	No	Must include diagnosis, medical necessity, and projected length of need. <sup>52</sup>		No

<sup>49</sup> MO HealthNet. (August 2013). Durable medical equipment billing book. Retrieved from: <http://dss.mo.gov/mhd/providers/education/dme/dme.pdf>.

<sup>50</sup> MO HealthNet (December 27, 2010). MO HealthNet Exceptions Process Criteria. Retrieved from: <http://dss.mo.gov/mhd/cs/except/pdf/adult-incontinence-products.pdf>.

<sup>51</sup> Montana Department of Public Health & Human Services, Montana Health Care Programs Notice: Durable Medical Equipment, T4535 -- Underpads, Liners and Sheets, May 20, 2013. Retrieved from: <https://medicaidprovider.mt.gov/20#187462980-provider-notices-20102016>.

State	Age first available	Cutoff age	Childless adult coverage	Prescription/certification required	Specific conditions covered	Toilet training must be tried and deemed not viable?
<b>Nebraska</b> 	3 years old <sup>53</sup>		No	Yes, written documentation from prescribing physician which justifies the medical necessity.		
<b>Nevada</b> 	4 years old <sup>54</sup>	None	Yes	Prior authorization for individuals under age four if they meet the qualifications and the order was a result of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening. <sup>55</sup>	<p>Medical diagnosis (1) of a neurological or neuromuscular disorder or other diagnosis of a medical condition that causes urinary or bowel incontinence, and (2) a diagnosis of urinary and/or bowel incontinence.</p> <p>Individuals under four years of age must have a diagnosis of HIV or AIDS with an accompanying gastrointestinal abnormality causing frequent or intractable diarrhea which is documented by the prescribing practitioner. <sup>56</sup></p>	Yes (within the last six months).

<sup>53</sup> Nebraska Department of Health and Human Services. (June 7, 2014). Chapter 7- Durable medical equipment, prosthetics, orthotics, and medical supplies. In Durable medical equipment, prosthetics, orthotics, and medical supplies handbook. Retrieved from: [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-471/Chapter-07.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-07.pdf).

<sup>54</sup> Nevada Division of Health Care Financing and Policy, Medicaid Services Manual (October 1, 2015), Appendix B - Coverage and Limitations Policies. Retrieved from: [http://dhcfp.nv.gov/uploadedFiles/dhcfpnv.gov/content/Resources/AdminSupport/Manuals/MSM/C1300/MSM\\_1300\\_15\\_10\\_01.pdf](http://dhcfp.nv.gov/uploadedFiles/dhcfpnv.gov/content/Resources/AdminSupport/Manuals/MSM/C1300/MSM_1300_15_10_01.pdf).

<sup>55</sup> Id.



<sup>56</sup> Id.

State	Age first available	Cutoff age	Childless adult coverage	Prescription/certification required	Specific conditions covered	Toilet training must be tried and deemed not viable?
<b>New Hampshire</b> 	Not specified <sup>57</sup>	No	Yes	Yes, prior authorization required for recipients 21 years of age or older. <sup>58</sup>	<p>Medical diagnosis (1) of a neurological or neuromuscular disorder or other diagnosis of a medical condition that causes urinary or bowel incontinence, and (2) a diagnosis of urinary and/or bowel incontinence.</p> <p>Individuals under four years of age must have a diagnosis of HIV or AIDS with an accompanying gastrointestinal abnormality causing frequent or intractable diarrhea which is documented by the prescribing practitioner.</p> <p>A request for prior authorization shall be approved for 1 year if the recipient's type of incontinence is:</p> <ol style="list-style-type: none"> <li>Secondary to a disease process or injury to the bladder which results in irreversible loss of control of the urinary bladder and/or rectal sphincter;</li> <li>Secondary to an injury to the brain or spinal cord; or</li> <li>Attributed to a profound cognitive disability, such as severe mental retardation or dementia, that results in an inability to achieve continence through bladder training.</li> </ol> <p>A request for prior authorization shall be approved for 6 months if the recipient's type of incontinence is:</p> <ol style="list-style-type: none"> <li>Secondary to a surgical procedure, such as prostatectomy, resulting in temporary urinary incontinence; or</li> <li>Secondary to an injury to the bladder and/or urinary sphincter, including nerve injury and detrusor muscle instability, resulting in temporary urinary incontinence.</li> </ol> <p>Supplies are limited to a total of 6 per day, up to 186 per month, except in limited circumstances.<sup>59</sup></p>	No

<sup>57</sup> New Hampshire Rev. Stat. Ann. Sec. 167:3h (2011). Retrieved from: <http://www.gencourt.state.nh.us/rsa/html/xii/167/167-3-h.htm>.

<sup>58</sup> N.H. Code Admin, R. He-W 571.06(n).

<sup>59</sup> Id.

State	Age first available	Cutoff age	Childless adult coverage	Prescription/certification required	Specific conditions covered	Toilet training must be tried and deemed not viable?
<b>New Jersey</b> 	Varies by Medicaid HMO. Well Care: 4 years old <sup>60</sup> United Health Care: 5 years old <sup>61</sup> Aetna: from birth <sup>62</sup> Amerigroup: Declined to answer a hypothetical <sup>63</sup> Horizon: 4 years old <sup>64</sup>	Unclear	Unclear	New Jersey Medicaid health plans have their own coverage requirements. Requirements vary by HMO, but all surveyed require prior authorization.	Contact the applicable New Jersey Medicaid plan for coverage requirements and restrictions. <sup>65</sup>	
<b>New Mexico</b> 	3 years old <sup>66</sup>	None	Yes	Prior authorization required. <sup>67</sup>	Suffers from neurological or neuromuscular disorders or who has other diseases associated with incontinence. Limited to 200 diapers or 150 underpads per month. <sup>67</sup>	

<sup>60</sup> Call to WellCare customer service, 888-453-2534, March 28, 2016

<sup>61</sup> Call to United Health Care customer service, 800-941-4647, March 28, 2016

<sup>62</sup> Call to Aetna customer service, 855-232-3596, March 28, 2016




<sup>63</sup> Call to Amerigroup customer service, 800-600-4441, March 28, 2016

<sup>64</sup> Call to Horizon DME department, March 28, 2016

<sup>65</sup> See <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/hmo/>.

<sup>66</sup> N.M. Code R. § 8.324.5.13(D)(2)(c).

<sup>67</sup> Id.

State	Age first available	Cutoff age	Childless adult coverage	Prescription/certification required	Specific conditions covered	Toilet training must be tried and deemed not viable?
<b>New York</b> 	3 years old ("not be covered for children under the age of three as they are needed as part of the developmental process"). <sup>68</sup>	None	Yes	Yes – "only when the medical need is documented by the ordering practitioner and maintained in the beneficiary's file." <sup>69</sup>	Diapers/liners and underpads are covered for the treatment of incontinence. <sup>70</sup>	
<b>North Carolina</b> 	3 years old <sup>71</sup>	None	No	Yes. "Medicaid and NCHC shall reimburse medical equipment providers for the provision of incontinence ... supplies ... Medical equipment providers shall obtain the written, signed and dated prescription for the supplies prior to submitting the claim for reimbursement." <sup>72</sup>	Are incontinent due to disease, illness or injury. Prior approval is not required for incontinence, ostomy and urinary catheter supplies; however the medical equipment provider shall have on file a CMN/PA (completed and signed by the provider as well as the physician, physician assistant, or nurse practitioner,) which is valid for no more than 12 consecutive months. If the need for the supplies continues beyond 12 consecutive months from the date of the last signed CMN/PA, a new completed and signed CMN/PA must be obtained and kept on file. <sup>73</sup>	No
<b>North Dakota</b> 	4 years old <sup>74</sup>	None	Yes	Prior authorization required. Diapers for children under four are considered non-covered convenience items.	Underlying medical conditions that involves loss of bowel or bladder control. Diapers limited to 180/month. <ul style="list-style-type: none"> <li>• Liners limited to 70/month.</li> <li>• ICF/MR and skilled nursing facility residence are excluded, as the products are included in the facility per diem.</li> <li>• Only a one-month supply may be dispensed at any time.<sup>75</sup></li> </ul>	No

<sup>68</sup> New York State Medicaid Program. (October 1, 2015). Durable medical equipment, orthotics, prosthetics and supplies procedure codes and coverage guidelines. Retrieved from: [https://www.emedny.org/providermanuals/dme/pdfs/dme\\_procedure\\_codes.pdf](https://www.emedny.org/providermanuals/dme/pdfs/dme_procedure_codes.pdf).

<sup>69</sup> Id.

<sup>70</sup> Id.

<sup>71</sup> North Carolina Division of Medical Assistance. (October 1, 2015) "Medicaid and Health Choice Clinical Coverage Policy No: 5A" retrieved from: <https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/5a.pdf>.

<sup>72</sup> Id.

<sup>73</sup> Id.

<sup>74</sup> North Dakota DME Manual (March 2013), retrieved from: <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/dme/dme-manual.pdf>.

<sup>75</sup> Id.

State	Age first available	Cutoff age	Childless adult coverage	Prescription/certification required	Specific conditions covered	Toilet training must be tried and deemed not viable?
Ohio OH	36 months <sup>76</sup>	None	Yes	<p>Yes, Certificate of Medical Necessity/ Prescription.</p> <p>Unless otherwise specified, a fully completed "Certificate of Medical Necessity/Prescription Incontinence Supplies," JFS 02912 (appendix A to this rule) that is written, signed with an original signature, and dated by the treating prescriber must be obtained at least every twelve months from the date of the prescriber's attestation signature and kept on file by the provider. Existing prescriptions that are in force prior to the effective date of this rule do not require the use of JFS 02912 until the existing prescription is renewed or modified due to medical necessity. The JFS 02912 must be obtained by the provider prior to the first date of service in the applicable twelve-month period and must specify:</p> <ol style="list-style-type: none"> <li>(1) The applicable diagnosis of the specific disease or injury causing the incontinence; or</li> <li>(2) The developmental delay or disability, including applicable diagnoses;</li> <li>(3) The type of incontinence; and</li> <li>(4) The type of incontinence garments or incontinence supplies being prescribed.<sup>77</sup></li> </ol> <p>Any prescription for incontinence garments and related supplies must be prescribed by a prescriber actively involved in managing the consumer's medical condition as defined in paragraph (A)(2) of rule 5101:3-10-05 of the Administrative Code. This prescriber should be treating the consumer under a comprehensive plan of care that addresses the underlying medical need for any supplies referenced in this rule.<sup>78</sup></p>	<p>The type of incontinence is:</p> <ol style="list-style-type: none"> <li>(a) Secondary to disease that results in irreversible loss of control of the urinary bladder and/or anal sphincter; or</li> <li>(b) Secondary to injury of the brain or the spinal cord that results in irreversible loss of control of the urinary bladder and/or anal sphincter; or</li> <li>(c) Attributed to developmental delay or developmental disability.<sup>79</sup></li> </ol>	No

<sup>76</sup> Ohio Admin. Code § 5160-10-21 Incontinence Garments and Related Supplies.

<sup>77</sup> Ohio Admin. Code 5160-10-21(C).

<sup>78</sup> Ohio Admin. Code 5160-10-21(E)(5).

<sup>79</sup> Ohio Admin. Code § 5160-10-21(A)(3).



State	Age first available	Cutoff age	Childless adult coverage	Prescription/certification required	Specific conditions covered	Toilet training must be tried and deemed not viable?
<b>Oklahoma</b> <b>OK</b>	4 years old <sup>80</sup>	Under 21 years old	Yes (limited) If a child is over 21 years old and is eligible for home and community based waivers, the case manager may be able to add incontinence supplies to the plan of care upon request. <sup>81</sup>	Prior authorization. Each prior authorization request is looked at individually to determine the individual's needs. The Oklahoma Health Care Authority's (OHCA) Medical Authorization Unit will review the doctor's order to determine the amount of products needed based on medical necessity. <sup>82</sup>	Diagnosis of an underlying chronic medical condition that involves or results in loss of bladder or bowel control for incontinence supplies. <sup>83</sup>	No
<b>Oregon</b> <b>OR</b>	3 years old <sup>84</sup>	None	Yes	Prior authorization required. <sup>85</sup>	Medically supported diagnosis of urinary or fecal incontinence. <sup>86</sup>	No
<b>Pennsylvania</b> <b>PA</b>	3 years old <sup>87</sup>	None	Yes	Prior authorization required.	Lack of being toilet trained does not establish medical necessity.	No
<b>Rhode Island</b> <b>RI</b>	3 years old <sup>88</sup>	None	Yes	RI Medicaid DME providers wishing to dispense these services to an approved recipient must have a signed Certificate of Medical Necessity form on file.	Incontinence due to a medical condition.	All other forms of treatment modalities have been exhausted.

<sup>80</sup> Oklahoma Health Care Authority, 'Incontinence Supplies for Certain Children Ages 4-20: Incontinence Supplies FAQs Final' (Sept.15, 2015), available at <http://www.okhca.org/individuals.aspx?id=95&parts=11601>

<sup>81</sup> Id.

<sup>82</sup> Id.

<sup>83</sup> Id.







<sup>84</sup> Or. Admin. R. 410-122-0630. See also, Oregon Health Authority. (Effective February 3, 2016). Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Administrative Rulebook, 410-122-0630- Incontinent Supplies. Retrieved from: <http://www.oregon.gov/oha/healthplan/Policies/122rb020316.pdf>.

<sup>85</sup> Id.

<sup>86</sup> Id.

<sup>87</sup> Commonwealth of Pennsylvania, Department of Public Welfare, Medical Assistance Bulletin, Incontinence Products and Diaper. Retrieved from [http://dhs.pa.gov/cs/groups/webcontent/documents/bulletin\\_admin/d\\_004337.pdf](http://dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_004337.pdf).

<sup>88</sup> Executive Office of Health and Human Services. (n.d.) Coverage guidelines for durable medical equipment. Retrieved from: <http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment/tabid/353/LiveAcclid/72122/Default.aspx>.

State	Age first available	Cutoff age	Childless adult coverage	Prescription/certification required	Specific conditions covered	Toilet training must be tried and deemed not viable?
<b>South Carolina</b> 	4 years old <sup>89</sup>		No	Yes, must be confirmed by Physician Certification of Incontinence (DHHS Form 168IS).	Inability to control bowel or bladder function (which must be confirmed by a physician in writing). An SCDHHS nurse determines the frequency of incontinence, which determination determines the amount of supplies authorized.	No
<b>South Dakota</b> 	2½ years old <sup>90</sup>	Under 22 years old	No	Covered only under the Statewide Family Support Program.	The Statewide Family Support Program is designed to assist families who have a child with a developmental disability, age birth to 22. The Statewide Coordinator establishes eligibility for the program from a simple application form that includes documentation of the child's disability. <sup>91</sup>	No
<b>Tennessee</b> 	3 years old <sup>92</sup>	None	No	Must be medically necessary.	Needed for a medical condition.	No
<b>Texas</b> 	4 years old <sup>93</sup>		No	Only for quantities in excess of 240/month	A medical condition that results in chronic incontinence.	
<b>Utah</b> 	Appears to be no lower limit, but request must be due to a disability <sup>94</sup>		Yes (limited)	Request must stem from a disability	Covered for disabled children and disabled adults only. They are not covered for normal infant use or for adult incontinence not related to a disability.	
<b>Vermont</b> 	Birth (for diapers in excess of 150/month), 3 years old otherwise <sup>95</sup>	None	Yes	Yes	A supporting medical diagnosis must be maintained on file by the dispensing vendor and submitted with each claim.	

<sup>89</sup> Non-Covered Expenses. 46:11:10:13. Retrieved from: <http://legis.sd.gov/Rules/DisplayRule.aspx?Rule=46:11:10:13>.

<sup>91</sup> SD DHS. Division of Developmental Disabilities. Retrieved from: <http://dhs.sd.gov/dd/family/swfs.aspx>

<sup>92</sup> Tenn. Comp. R. & Regs. 1200-13-14-.10. Retrieved from: <http://share.tn.gov/sos/rules/1200/1200-13/1200-13-14.20150930.pdf>; TennCare. (2014, July). Quick Guide. Retrieved from <http://www.tn.gov/assets/entities/tenncare/attachments/quickguide.pdf>

<sup>93</sup> Texas Health and Human Services Commission. (February 2016). Durable medical equipment, medical supplies, and nutritional products handbook. Retrieved from: [http://www.tmhp.com/HTMLmanuals/TMPPM/Current/Vol2\\_Durable\\_Medical\\_Equipment\\_and\\_Supplies\\_Handbook.17.061.html#2046829](http://www.tmhp.com/HTMLmanuals/TMPPM/Current/Vol2_Durable_Medical_Equipment_and_Supplies_Handbook.17.061.html#2046829)

<sup>94</sup> Utah Department of Health. (August, 2015). Medical supplies. In Utah Medicaid provider manual. Retrieved from: <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Medical%20Supplies/Archive/2015/MedSupply1-15.pdf>.

<sup>95</sup> Department of Vermont Health Access. (August 26, 2015). Disposable incontinence supplies. Retrieved from: <http://dvha.vermont.gov/for-providers/incontinence-supplies-082615.pdf>

State	Age first available	Cutoff age	Childless adult coverage	Prescription/certification required	Specific conditions covered	Toilet training must be tried and deemed not viable?
Virginia VA	3 years old, <sup>96, 97</sup> unless there is a documented medical condition	None	No	Only for quantities over the allowable limit (amount of products is dependent on the frequency of use) or for multiple absorbent materials (provider must provide explanation of why multiple materials are needed in the same month).	Coverage for documented medical need.  100 units per month maximum (per item).	No, but lack of toilet training alone will not suffice for coverage.
Washington WA	3 years old <sup>98</sup>	None	Yes	Prior authorization required for exceptions to age limitation or maximum monthly supply.	Disposable diapers limited to 200 per month.	No
West Virginia WV	3 years old <sup>99</sup>	None	Yes	Prior authorization required (but will not be provided to children under 3).  No prior authorization will be provided for combination of supplies over 250 diapers/month.	Limit of 200 per month per item.	No
Wisconsin WI	4 years old <sup>100</sup>	None	Yes	One mail order supplier (J&B Medical Supply) provides all incontinence supplies.  Prescription from doctor or nurse required, along with a J&B nursing assessment.  Prior authorization required for off-contract products. PA only granted after a patient samples all of the supplier's products, with documented complications, and a physician's letter with medical documentation for a new product.	Incontinence supplies covered under Medicaid, BadgerCare Plus Standard Plan, Wisconsin Well Woman Medicaid, Express Enrollment for Children, and Express Enrollment for Pregnant Women.  BadgerCare Plus Benchmark Plan and BadgerCare Plus Core Plan for Adults with No Dependent Children do not cover incontinence supplies.	No

<sup>96</sup> Virginia Medicaid. (July 31, 2015). Chapter IV- Covered supplies and limitations. In Durable medical equipment and supplies manual. Retrieved from: [https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/!ut/p/c5/04\\_SB8K8xLLM9MSSzPy8xBz9CP0os\\_hgQwMjF-cgE0MLjz8jA0-jUH-XAHdnAwMXL1wkA6zeAMcwNFA388jPzdVvyA7rxwAwdYlfg!!/d13/d3/L01DU01KSmdr50NsRUUpDZ3BSQ1NBL290b2dBRUIRaGpF50IRQUJHY1p3aklDa3FTaFNOQkFOYUEhIS80QzFiOVdfTnlwZORFU1p1SjJERVNaTUpRaUlRZmchIS83X1MxMDJEQ110MThCTjJwSTJVTORQR0MwMFQ0L3BiaUNDMTE4MjAwMDEvaWJtLmludi8zMTc1Nzi0MzQ5MTgvmF2YXguc2VydmlldC5pbmNsdWRILnBhdGhfaW5mby8lMFZBUHJvdmlkZXJNYW51YWxzUG9ydGxldFZpZXCuanNw/](https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/!ut/p/c5/04_SB8K8xLLM9MSSzPy8xBz9CP0os_hgQwMjF-cgE0MLjz8jA0-jUH-XAHdnAwMXL1wkA6zeAMcwNFA388jPzdVvyA7rxwAwdYlfg!!/d13/d3/L01DU01KSmdr50NsRUUpDZ3BSQ1NBL290b2dBRUIRaGpF50IRQUJHY1p3aklDa3FTaFNOQkFOYUEhIS80QzFiOVdfTnlwZORFU1p1SjJERVNaTUpRaUlRZmchIS83X1MxMDJEQ110MThCTjJwSTJVTORQR0MwMFQ0L3BiaUNDMTE4MjAwMDEvaWJtLmludi8zMTc1Nzi0MzQ5MTgvmF2YXguc2VydmlldC5pbmNsdWRILnBhdGhfaW5mby8lMFZBUHJvdmlkZXJNYW51YWxzUG9ydGxldFZpZXCuanNw/).

<sup>97</sup> Home Care Delivered, "Important Information for Virginia Medicaid Incontinence Supplies," Frequently Asked Questions. Retrieved from: <https://www.hcd.com/dmas/faqs.html>

<sup>98</sup> Washington State Health Care Authority. (October 1, 2015). Nondurable medical supplies & equipment provider guide. Retrieved from: [http://www.hca.wa.gov/medicaid/billing/documents/guides/nondurable\\_mse\\_bi.pdf](http://www.hca.wa.gov/medicaid/billing/documents/guides/nondurable_mse_bi.pdf)

<sup>99</sup> Department of Health and Human Resources. (January 1, 2008). Chapter 506- Covered services, limitations, and exclusions for DME medical supplies. Retrieved from: <http://www.dhhr.wv.gov/bms/Pages/Chapter-506-Durable-Medical-Equipment%2c-Prosthetics%2c-Orthotics-and-Supplies-%28DMEPOS%29.aspx> and [http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendixes/Appendix\\_506A\\_Covered\\_DME\\_Supplies.pdf](http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendixes/Appendix_506A_Covered_DME_Supplies.pdf).

<sup>100</sup> ForwardHealth – New Contract for Incontinence and Selected Urological Supplies for Certain BadgerCare Plus and Medicaid Members (October 2009). Retrieved from: <https://www.forwardhealth.wi.gov/kw/pdf/2009-69.pdf>.

State	Age first available	Cutoff age	Childless adult coverage	Prescription/certification required	Specific conditions covered	Toilet training must be tried and deemed not viable?
<b>Wyoming</b> 	3 years old <sup>101</sup>	None	No	Prior authorization not required.	Clients who are unable to control bladder or bowel function.  Limited to 30-day supply, not to exceed maximum of 390 units.	No

<sup>101</sup> Wyoming Department of Health. Medical Supplies and Equipment Covered Services and Limitations, updated 1/15/16.  
 Retrieved from: [https://wyequalitycare.acs-inc.com/manuals/Manual\\_FINAL-WY-DME-1.15.16.pdf](https://wyequalitycare.acs-inc.com/manuals/Manual_FINAL-WY-DME-1.15.16.pdf).