

**Bulletin Number:** MSA 07-20

**Distribution:** Hospitals

**Issued:** April 2007

**Subject:** Policy for Hospitals to Order Diapers under the Volume Purchase Contract for Fee For Service Beneficiaries Prior to Discharge

**Effective:** Upon Receipt

**Programs Affected:** Medicaid, Children's Special Health Care Services (CSHCS), Adult Benefit Waiver Program

Hospital providers have expressed a specific need to ensure diapers are available from the Volume Purchase Contractor for Fee For Service beneficiaries at the time of discharge to their home. The following procedure for beneficiaries who meet coverage criteria is established to address this need.

### Hospital Discharge Procedure

Hospitals should contact J & B Medical at 1-800-737-0045 to determine if the beneficiary is currently receiving diapers through the Volume Purchase Contract. If so, then no further action is required.

### New Referrals

For beneficiaries who are not currently receiving diapers, the hospital must obtain a complete physician prescription. The hospital must **FAX the complete prescription to 1-800-737-0012 no later than 72 hours prior to discharge**. A complete prescription must include:

- Medical diagnosis of condition causing incontinence (primary and secondary diagnoses)
- Specify type of diaper to be dispensed
- Duration of need
- Quantity of diapers needed for the first 30 days after discharge
- For CSHCS beneficiaries, the prescription must relate to the CSHCS qualifying diagnosis.
- Beneficiary Information required:
  - Full name
  - Medicaid and Medicare identification numbers
  - Full home address including city, state and zip code
  - Home phone number
  - Name and phone number of contact person other than beneficiary to ensure delivery if beneficiary is not present.

### **Medicaid Coverage Criteria for Diapers**

Diapers are covered for individuals age three and older if the following criteria are both met:

- Beneficiary has a medical condition resulting in incontinence and has failed to respond to a bowel/bladder training program.
- The medical condition being treated results in incontinence and the beneficiary would not benefit from a bowel/bladder training program.

### **Manual Maintenance**

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **Approved**

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director  
Medical Services Administration