



HSCSN

HSCSN Medical Necessity Criteria & Authorization Requirements

Standard and Specialty Incontinence Products

Version: 5/5/2025

Approved: 5/6/2025

Summary of HSCSN Medical Policy and Background:

HSCSN covers incontinence supplies for children 3 years and over who have a medical condition that causes incontinence. Typical children often are not toilet-trained until 3 years of age. **Standard incontinence supplies** can be obtained from an HSCSN network medical supply company with a valid physician order and without prior authorization. HSCSN quantity limits for standard incontinence supplies without prior authorization apply under these circumstances. Medical suppliers offer standard incontinence products based on the standard billing codes and rates according to their contract with HSCSN. For enrollees needing more than standard quantity limits, prior authorization must be obtained from the HSCSN Utilization Management (UM) Department. For incontinence products that are only provided at higher than standard reimbursement rates, prior authorization must be obtained from UM at HSCSN. **Specialty incontinence products** are those products that are not on our standard incontinence supply fee schedule and that require prior authorization.

Goodnites (<https://www.goodnites.com/en-us/>) are a brand of “Nighttime Underwear” that are basically a disposable, pull-up brief that has high absorbency for urine. Goodnites are a specialty incontinence product and require prior authorization. Goodnites pull-ups are designed for children with overnight urinary incontinence. A pull-up can be removed and put back on after toileting. They are appropriate for children who are partially continent or working on toilet training, and primarily need a product for urinary incontinence. It is expected that children using Goodnites pull-ups would need fewer units per day than someone using diapers, typically less than 5 per day. Children needing more than this amount should be using regular diapers.

Authorization Requirements:

- A valid physician order for Goodnites pull-ups or other specialty incontinence product.
- Written justification (letter of medical necessity, medical records, or detailed written order) that indicates why a specialty incontinence (or higher quantity) is medically necessary and a standard incontinence product cannot meet the need.
- Requested quantity per month.
 - For Goodnites requests for more than 150 per month, there needs to be detailed medical justification of the quantity including the frequency of elimination.
 - For Goodnites, if no quantity is specified, then request will default to a maximum of 150 per month.

Medical Necessity Criteria and Requirements:

- Goodnites:
 - Meets ALL below:
 - Enrollee has urinary incontinence or urinary and fecal incontinence
 - Goodnites are primarily for urinary incontinence
 - Enrollee has a medical condition that is the cause of incontinence
 - Enrollee is working on toilet-training and/or partially continent
 - Need for a pull-up and high absorbency with expectation of fewer pull-ups needed per day (less than 6 per day)

- Quantity requested is 150 per month or less
- OR Meets the following:
 - Medical reason(s) are given why other incontinence products cannot meet the medical need.
 - Enrollee/caregiver preferences for Goodnites are not a medical justification. There needs to be a detailed explanation of what other brands or products have been tried (that are available as standard incontinence products) and why they did not meet the enrollee's needs.
 - If more than 150 per month are requested, then specific medical justification is provided
- Other Specialty Incontinence Products
 - HSCSN will consider coverage of other Specialty Incontinence Products on a case-by-case basis
 - There must be medical reasons why standard incontinence supplies cannot meet the enrollee's needs.
 - Enrollee/caregiver preferences for specific brands are not a medical justification. There needs to be a detailed explanation of what other brands or products have been tried (that are available as standard incontinence products) and why they did not meet the enrollee's needs.
 - There must be a diagnosis consistent with the degree of incontinence
 - The quantity requested must be supported by specific medical justification including the frequency of elimination.

**For more information, visit hscsnhealthplan.org.
For reasonable accommodation, please call (202) 467-2737**

ENGLISH

If you do not speak and/or read English, please call (202) 467-2737.
A representative will assist you.

SPANISH

Si no habla ni lee inglés, llame al (202) 467-2737. Un representante lo asistirá.

VIETNAMESE

Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi (202) 467-2737.
Một người đại diện sẽ hỗ trợ quý vị.'

AMHARIC

እንግሊዘኛ መናገር/ወይም ማንበብ ካልቻሉ፣ እባክዎ በዚህ ስልክ ቁጥር (202) 467-2737.
ይደውሉ። ተወካይ ይረዳዎታል።

KOREAN

영어를 구사하지 못하시거나 읽지 못하는 경우, (202) 467-2737.
중에 연락해 주십시오. 상담원이 도움을 드릴 것입니다.

FRENCH

Si vous ne parlez pas et / ou ne lisez pas l'anglais, appelez le (202) 467-2737.
Un représentant vous aidera.

ARABIC

الممثلين أحد. (202) 467-2737 برقم الاتصال فيرجى، الإنجليزية تقرأ أو/و تتحدث لا كنت إذا

MANDARIN

如果您不会说和/或读英语，请致电(202) 467-2737。我们的服务代表将为您提供协助。

RUSSIAN

Если вы не говорите и / или не читаете по-английски, звоните по телефону

BURMESE

သငျသည့်အင်္ဂလိပ်စကားပြောနှင့် / သို့မဟုတ်စာမဖတ်ကြဘူးဆိုရလျှင်, (202) 467-2737.
ကိုခေါ်ပါ။ တစ်ဦးကကိုယ်စားလှယ်သင်ကူညီကြလိမ့်မည်.

CANTONESE

如果您不會說和/或讀英語，請致電 (202) 467-2737。我們的服務代表將為您提供協助。

FARSI

اگر انگلیسی صحبت نمی کنید/نمی خوانید، لطفاً بین ساعات
با شمار هتماس بگیرید. یکی از نمایندگان ما به شما کمک خواهد کرد

POLISH

Osoby, które nie potrafią mówić lub czytać po angielsku, mogą zadzwonić na numer (202) 467-2737.
aby skorzystać z pomocy konsultanta.

PORTUGUESE

Caso você não fale/leia em inglês, ligue para (202) 467-2737. Um representante o ajudará.

PUNJABI

ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਬੋਲਦੇ ਅਤੇ/ਜਾਂ ਪੜ੍ਹਦੇ ਨਹੀਂ, ਕਰਪਾ ਕਰਕੇ ਦੇ ਕਿਚਕ ਰ (202) 467-2737
ਉੱਤੇ ਕਲ ਕਰੋ। ਇੱਕ ਪਰਤੀਨਿਧ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

HAITIAN CREOLE

Si ou pa pale ak/oswa li Angle, tanpri rele (202) 467-2737. Yon reprezantan ap ede w.

HINDI

यदि आप अंग्रेज़ी बोलते और/या पढ़ते नहीं, कृपया 8 a.m.-6 p.m. के बीच (202) 467-2737
पर कॉल करें। एक प्रतिनिध आपकी सहायता करेगा।

SOMALI

Haddii aadan ku hadlin iyo/ama qorin luuqada Ingiriiska, fadlan wac lambarkan (202) 467-2737.
wakiil ayaa ku caawin doona.

HMONG

Yog tias koj tsis hais thiab/lossis nyeem tau Lus As Kiv, thov hu rau (202) 467-2737.
Ib tug neeg sawv cev yuav pab tau koj.

ITALIAN

Se ha difficoltà a parlare e/o leggere la lingua inglese, chiami il numero (202) 467-2737.
Un rappresentante le presterà assistenza.

TAGALOG

Kung hindi ka nakakapagsalita at/o nakakapagbasa ng Ingles, pakitawagan ang (202) 467-2737.
May kinatawan na tutulong sa iyo.

JAPANESE

(202) 467-2737 までお電話ください。担当者があなたをサポートします。



GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

This program is brought to you by the Government of the District of Columbia
Department of Health Care Finance.

HSCSN complies with applicable Federal civil rights laws and does not
discriminate on the basis of race, color, national origin, age, disability, or sex.

