

## Indiana Medicaid Coverage of Incontinence, Ostomy, and Urology Supplies

Many individuals with special needs require incontinence supplies longer than typically developing children and, often, throughout their life. In Indiana, Medicaid will cover incontinence, ostomy, and urology supplies. Incontinence supplies include incontinence briefs and liners, diapers, disposable diapers, and others. Coverage of these supplies begins at age 3, provided a medically supported diagnosis exists.

### Medicaid Coverage

Medicaid will cover the costs of incontinence products, including diapers, up to but not exceeding \$162.50 worth of supplies per month (\$1950.00, annually). Therefore, the number of supplies covered may depend upon type, brand, and size of supplies required.

There are no specific dollar limits for ostomy and urology supplies. The quantity of supplies provided must match with the need of the individual. If the insured is covered by an alternative primary insurance, that policy may stipulate the quantity or dollar limit of supplies covered.

### Medicaid-Approved Suppliers

The type of Medicaid an individual receives may dictate where supplies may be purchased. Please check your plan benefits before enrolling with or purchasing supplies from any provider.

Medicaid waiver recipients have the option of two providers to supply these products.

Those providers are:

- Binson's Medical Equipment and Supplies (1-888-277-9610) or [www.binsons.com](http://www.binsons.com), <https://www.binsons.com/indiana-incontinence.html>)
- J & B Medical Supply (1-800-737-0045) or [www.jandbmedical.com](http://www.jandbmedical.com), <https://www.jandbmedical.com/indiana-medicaid-diaper-and-incontinence-supplies-program/>).

Contact each provider to discuss your specific needs and compare product availability and prices before enrolling with a specific provider.

Hoosier Healthwise and Hoosier Care Connect recipients may have additional provider options for incontinence supply products. Members should contact their health plan to obtain a list of approved providers.

Individuals who have alternate primary insurance should consult their primary insurance company for information about benefits, providers and coverage of incontinence, ostomy, and urological supplies.

To learn more about these and other programs, contact Family Voices Indiana. We will assist you as you navigate health care systems and services, especially those available to individuals with special health care needs.  
**844-323-4636**  
**fvindiana.org**

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### **Prior Authorization**

To obtain coverage for incontinence, ostomy and urology supplies, one must first receive prior authorization. To do this, the prescribing physician must submit a prior authorization form or letter of medical necessity, provide the patient with a prescription, and use a covered procedure code.

### **Enrolling with a Supplier**

After prior authorization has been approved and you have compared the products and services offered by the providers, you must enroll in one of the programs. When you enroll, the provider will verify your coverage eligibility and a nursing assessment will be completed. Then, you may request product samples or begin ordering supplies.

Typically, once you enroll with a provider, orders will be processed every 30 days.

### **Product Selection and Customer Service**

It is important to ask the provider about the availability of brand name products and generic substitutions for those products before you enroll. Medicaid does not distinguish between brand name and generic items for the purpose of reimbursement. Therefore, providers are limited in their ability to provide brand name products when it becomes cost-prohibitive to do so. The providers will supply samples of products to customers before requiring orders and will work with clients to provide the most appropriate products available.

When ordered supplies arrive, it is important to check the supplies to ensure the correct products were delivered.

In the event you are not happy with the supplies, contact the provider immediately. In most cases, the provider will be able to resolve complaints and assist customers in finding appropriate alternatives. If you are unable to resolve the issue, you may contact Medicaid at the number on the back of your insurance card.