

Does Medicaid pay for Diapers?

Yes, if the individual is between 4 and 21 years old, has a medical diagnosis of incontinence and has a prescription from a doctor.

Note: As Medicaid is the payor of last resort, you must first receive a denial from any private insurance providers.

What are the Steps Involved?

1. Identify a Durable Medical Equipment (DME) Provider
Here are 2 DME's that have experience processing diaper claims
 - Complete Home Medical Equipment
404-292-6525 Fax: 404-292-6525
 - Care Medical
706-354-4136
Toll-free: 800-287-2618
Fax: 706-548-7140
2. Provide the DME with the following information:
 - Prescription from a physician for diapers (*The prescription must state how many diapers are needed and for what period of time*)
 - Letter of Medical Necessity from your doctor
 - Demographic information about the individual for whom you seek diapers

What should the Letter of Medical Necessity Include?

- Diagnoses for Incontinence Products:
 - Enuresis: physician diagnosed bladder incontinence
 - Encopresis: physician diagnosed bowel incontinence
- Prognoses – How long will these conditions last?
- Amount, Scope and Duration: Be specific, for example: “I am prescribing 5 incontinence products per day for the next 90 days at which time I will re-evaluate the child’s condition to determine if supplies are still medically necessary at the current prescribed amount, scope and duration”

What if the Request is Denied?

Ask the DME to provide you with the denial letter. You have 30 days from the date on the letter to appeal IN WRITING! Your first appeal request is considered a “reconsideration”- if you are denied again, you should WRITE a request for an “administrative hearing” which is your opportunity to take the denial before an administrative law judge.