Presbyterian Salud Disposable Diapers Prior Authorization Form

FAX completed form to Presbyterian Pharmacy Services Department at **(505) 923-5540 or 1-800-724-6953**	If you have any questions about this Form, please call **(505) 923-5757 or 1-888-923-5757**

PATIENT INFORMATION

Name:	Date of Birth:
Member ID Number:	SSN:

DIAPER INFORMATION

Number of Diapers Requested (maximum of 200 per month):	Diagnosis (related to medical necessity):
Diaper Requested (generic diapers only):	Diagnosis (related to medical necessity):

Please **provide chart notes for all requests** about the patient's condition and functional level, including how these factors relate to the patient's need for diapers.

1. Describe any conditions related to a neurological or a neuromuscular disorder:	
2. Describe any profound cognitive disability that results in an inability to achieve continence through bladder training:	
3. Is incontinence due to any factor outside of the urinary tract? **(**Description**)**	
4. Does the patient have a diagnosis of stress incontinence?	☐ Yes ☐ No
5. Is patient age greater than 3 years?	☐ Yes ☐ No
6. How many diapers will member use per day?	Amount _____
7. Is the patient institutionalized? If yes, type of facility: ☐ SNF ☐ Hospice ☐ Nursing Home ☐ Assisted Living	☐ Yes ☐ No
8. Does incontinence cause significant soiling that requires clothes, bed to be immediately changed, or which macerates skin or exacerbates decubitus ulcers?	☐ Yes ☐ No
9. Can patient be managed successfully with a bedside commode or other assistive devices?	☐ Yes ☐ No

PHYSICIAN INFORMATION

Name:	Specialty:
Phone **(required):**	Fax **(required)**:
Physician Signature:	Date:

ALL OF THE ABOVE INFORMATION and DOCUMENTATION MUST BE RECEIVED IN ORDER TO PROCESS THE REQUEST.
PRESBYTERIAN MAY AUTHORIZE UP TO 200 DIAPERS PER MONTH ONLY

FOR PRESBYTERIAN USE ONLY

☐ **APPROVED**	☐ **DENIED**	PA:
Reviewed by:	Date:	
Medical Director:	Date:	
Comments:		

CONFIDENTIAL: PROTECTED HEALTH INFORMATION ENCLOSED. Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure of failure to maintain confidentiality could subject you to penalties described in federal and state law.