

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is patient age greater than 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. How many diapers will member use per day?	Amount _____
7. Is the patient institutionalized? If yes, type of facility: <input type="checkbox"/> SNF <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does incontinence cause significant soiling that requires clothes, bed to be immediately changed, or which macerates skin or exacerbates decubitus ulcers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Can patient be managed successfully with a bedside commode or other assistive devices?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
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 or failure to maintain confidentiality could subject you to penalties described in federal and state law.