

## Presbyterian Salud Disposable Diapers Prior Authorization Form

FAX completed form to HME Specialists, LLC <b>(505) 888-6505</b>	If you have any questions about this form, please call <b>(505) 923-5757 or 1-888-923-5757</b>	
<b>Patient Information</b>		
Name:	Date of Birth:	
Member ID Number:	SSN:	
<b>Diaper Information</b>		
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 <b>provide chart notes for all requests</b> 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	
<b>Physician Information</b>		
Name:	Specialty:	
Phone (required):	Fax (required):	
Physician Signature:	Date:	
<b>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.</b>		
<b>For Presbyterian Use Only</b>		
<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>	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.