



Date:

Jan-4
2024

Contact Information

For questions or additional assistance, contact:

Provider Relations
956-632-8308

To enter authorization requests and upload clinical via the Provider Portal, visit driscollhealthplan.com/providers

To verify authorization requirements via the Authorization Requirement Portal, visit driscollhealthplan.com/priorauthcheck

To submit authorization requests or clinical to the UM Dept. via fax, send to 1-866-741-5650

Incontinence Supply Authorization Requests

The following information will be needed for incontinence supply requests:

1. Physician documentation of a history and physical exam (including the member's height and weight) consistent with chronic incontinence (see indications above) with the following:
 - Accurate diagnostic information pertaining to the underlying diagnosis or condition
 - Other associated conditions (E.g. absent corpus callosum, congenital heart disease, chronic constipation, etc.)
2. Physician documentation of results of diagnostic testing and/or consultant referral as deemed appropriate by the ordering provider.
3. Physician documentation of failure of a bowel/bladder training program or documentation that the insured individual cannot participate or would not benefit from a bowel/bladder training program.
4. Physician documentation that pharmacologic therapy and/or surgical intervention to manage symptoms of incontinence have failed or are contraindicated;
5. **Physician documentation and/or prescription describing**
 - **The item(s) and quantities to be dispensed**
 - **Number of diaper/brief changes the member requires per day**
 - **The frequency (e.g., daily, twice a week, etc.) and timing of the member's incontinence (e.g., primarily at night, daytime, night, and day) that will be used per day and anticipated duration of need.**
6. **Documentation there is leakage from a properly fitted diaper, pull-on, or brief that requires a diaper liner.**

* To access the DHP provider portal , visit driscollhealthplan.com