



Driscoll Health Plan

News and Updates



Date:

Jun-4
2025

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