

Durable Medical Equipment (DME) Incontinence Supplies Prior Authorization Requirements Checklist



Before submitting prior authorization requests for incontinence supplies to Superior, please ensure all of the following items are included with the request:

- Order with signature (cannot be older than 90 days), Healthcare Common Procedure Coding System (HCPCS), dates of service and price.
- All diagnostic information pertaining to the underlying diagnosis/condition, as well as any other medical diagnoses/conditions.
- Specific diagnosis/condition that is causing the increased urination or stooling.
- Client's height, weight and waist size.
- Number of times per day the physician has ordered the supply to be used.
- Quantity of disposable supplies requested per month.
- All alternative treatment options for incontinence that the member has tried.
- Statement for why member has not tried alternative treatments for incontinence (if none have been tried).

For questions on any of the items listed above, please contact the Superior Prior Authorization Department at 1-800-218-7508.

To submit a DME prior authorization request, please fax forms to 1-800-690-7030.