

PHYSICIAN ORDER FOR INCONTINENCE SUPPLIES

Ages 21 and above (Diapers, Pull-Ons, Liners, Under pads, Wipes and Non-Sterile Gloves)

Initial Request _____ Amendment _____ Recertification _____



OKLAHOMA
Health Care Authority

TO BE COMPLETED BY PHYSICIAN

SECTION I – PHYSICIAN INFORMATION

Ordering Physician MUST be SoonerCare Contracted

Printed name: _____
 Provider ID or NPI: _____
 Contact name: _____
 Phone number: _____

SECTION II – MEMBER INFORMATION

Name: _____
 Member ID: _____
 Date of birth: _____
 Address: _____
 Phone number: _____

SECTION III

Weight: _____ (lbs) Type of incontinence: Urinary _____ Bowel _____ Both _____
 Sex : M _____ F _____ Expected length of need: Months _____ OR Lifetime _____

SECTION IV

INCONTINENCE DIAGNOSIS CODES: _____
MEDICAL DIAGNOSIS CODES (which relates to incontinence): _____

SECTION V – MOBILITY

Ambulatory w/o assistance _____
 Ambulatory w/assistance _____
 Non Ambulatory _____

SECTION VI - COGNITIVE FUNCTION

(Related to toileting needs, see www.okhca.org/mau, Incontinence Supplies, for info.)
 Able to communicate needs (verbal or non-verbal) _____
 Unable to communicate needs _____

SECTION VII - ABSORBENT PRODUCTS ORDERED (MUST BE A NUMBER)

Diapers: _____ #/month Liners/Shields: _____ #/month
 Pull-ons: _____ #/month Under pads (Disposable): _____ #/month
 Under pads (Reusable): Chair _____ #/month Bed _____ #/month
 Under pads (Disposable): _____ #/month Wipes: _____ #/month
 Non-Sterile Gloves (100 per box) _____ #boxes/month

SECTION VIII

PHYSICIAN SIGNATURE: _____ **DATE:** _____

DME SUPPLIER PRIOR AUTHORIZATION REQUEST SECTION

TO BE COMPLETED BY CONTRACTED DME PROVIDER

PA # _____

DME Supplier:	Phone #:	Date Span Of Service	From:	To:
DME Provider ID:	Assignment Code: 12 – DME			

Line Item	HCPCS Code	Description (Must Be On One Line Item)	Total Units for Date Span
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			