



Gammie HomeCare

Compassionate. Knowledgeable. Solutions.

Maui

292 Alamaha St.

Kahului, HI 96732

P: (808) 877-4032

F: (808) 442-0409

Kauai

4490 Puhi Rd. Unit #101

Lihue, HI 96766

P: (808) 632-2333

F: (808) 442-0409

Incontinence Supplies Insurance Coverage Criteria

1

Prescription of Ordered Item(s) – Currently we have Briefs, Underpads and Gloves available for this product line

2

Medical Records Documenting:

1. Patient diagnosis of incontinence (urine, fecal or both)
2. Patient has medical need for each type of incontinence product (i.e. briefs, underpads, and/or gloves)
3. State the monthly usage quantity needed. Anything above maximum quantity allowed requires **significant** medical justification as to why additional supplies are needed

Max Qty: Briefs = 200, Underpads = 50, Gloves = 100 (1 box)

3

Letter of Medical Necessity

(Form supplied by Gammie HomeCare if documentation qualifies for coverage)

Note: All incontinence supply orders require authorization from the insurance company. Once documentation above is received Gammie HomeCare will handle all authorization submissions for the patient.