

## MEMORANDUM

TO: **NH Medicaid and Healthy Kids-Gold (Title XIX) Pharmacy and Durable Medical Equipment (DME) Dispensers of Incontinence Products**  
FROM: **New Hampshire Medicaid and HP (formerly EDS)**  
DATE: **December 18, 2009**  
SUBJECT: **New Incontinence Product Related Forms:**  
**Form 272REV: Prior Authorization Revision Request**  
**Form 286: Request For Incontinence Product Not on Product Offering Sheet**

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Please be advised that the NH Medicaid program has posted two new forms on the nh.medicaid.com website. The Form 272REV will facilitate provider requests for modifications to current incontinence product prior authorizations (PA's). The Form 286 allows providers to justify and request incontinence products which are not on the product offering sheet.

### **Form 272REV: Incontinence Products Prior Authorization Revision Request Form**

To request a change to the T-Code and/or modifier associated with a recipient's current PA, the provider must fill out Form 272REV and fax the completed form to Schaller Anderson for review. If Schaller Anderson approves the request, they will update the T-Code and/or the modifier on the PA to accommodate the change in product. The provider will be notified of the PA revision in the same manner used for original PA requests. For questions regarding the Form 272REV, providers can contact Schaller Anderson at 1-866-499-9335.

### **Form 286: Request for Incontinence Product Not On Product Offering Sheet**

In the event that the provider cannot fit a recipient with product on the product offering sheet, the provider may request another product by completing Form 286. The provider must demonstrate that they have tried and were unable to effectively fit the recipient with a product on the product offering sheet. They must also explain why the products were ineffective or failed for the recipient.

Completed Form 286's and supporting documentation should be faxed to Gulf South Medical Supply for review. Gulf South Medical Supply will also assist the provider, if necessary, in selecting an appropriate product for the recipient. Requests will then be faxed to Medicaid Medical Services for final review. Requests will indicate the specific product requested, including the brand, model, size, price, and monthly quantity required. Please note that Gulf South Medical Supply and/or Medicaid Medical Services may outreach to the provider to ensure that they have a complete understanding of the nature of the request.

If the request is approved, Medicaid Medical Services, will process the PA. The provider will receive from the fiscal agent a copy of the PA, which will show the T-codes, modifiers, and reimbursement amount/unit. Once the provider receives the PA, the product may be ordered from Gulf South Medical Supply.

Providers can contact Gulf South Medical Supply at 914-380-4537, or Medicaid Medical Services at 603-271-4823, to inquire about the status of Form 286 requests.

If a request is denied by either Gulf South Medical Supply and/or Medicaid Medical Services, the recipient shall receive information on his or her right to a fair hearing.