

To: AmeriHealth Caritas Pennsylvania (PA)/AmeriHealth Caritas PA Community HealthChoices (CHC) Providers

Date: August 11, 2026

Re: Incontinence Prior Authorization Policy Reminder

AmeriHealth Caritas PA and AmeriHealth Caritas PA CHC has updated the incontinence supply prior authorization policy. Please review the information below and follow prior authorization requirements to avoid claim denials for services that require prior authorization.

For AmeriHealth Caritas PA CHC Participants: Prior authorization is required for the requests listed below. Requests are reviewed for medical necessity:

- More than 300 generic diapers and/or pull-up diapers per month (combined).
- Brand-specific diapers.

For AmeriHealth Caritas PA Members (age 3 and over): Prior authorization is required for any quantity of diapers/pull-up diapers supplied by a DME Provider, other than the following Providers: Edgepark Medical Supplies and J&B Medical Supply. The prior authorization criteria listed below applies to the listed providers.

- More than 300 generic diapers and/or pull-up diapers per month (combined).
- Brand-specific diapers.

If you have any questions regarding this notice, please contact your Provider Account Executive or Provider Services at **1-800-521-6007**.