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**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

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**APPENDIX D: REQUEST FORM FOR DISPOSABLE INCONTINENCE  
PRODUCTS****PAGE(S) 1**

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**REQUEST FORM FOR DISPOSABLE INCONTINENCE PRODUCTS**

A copy of the “State of Louisiana – Louisiana Department of Health (LDH) – Medicaid Request for Disposable Incontinence Products” form must be used with all prior authorization requests for incontinence products. A copy of the form can be downloaded here: [https://www.lamedicaid.com/Provweb1/Forms/Form\\_DIP1.pdf](https://www.lamedicaid.com/Provweb1/Forms/Form_DIP1.pdf).