

# DME MAC Jurisdiction C **ADMC Request**

## BENEFICIARY INFORMATION

Name	Number of pages submitted (including coversheet)
Medicare Number	
Address	
Date of Birth	
Height (If needed to support medical necessity)	
Weight (If needed to support medical necessity)	
Place of Service	
Diagnosis Code (Narrative Description is not sufficient)	

## SUPPLIER INFORMATION

Supplier's Name
Contact's Name
PTAN Number
Address:
Phone Number

## PHYSICIAN INFORMATION

Name
NPI
Address:
Phone Number

## ITEM INFORMATION

Wheelchair Base Item Code (HCPCS)
Wheelchair Base Description

### INSTRUCTIONS:

1. Complete the above information.
2. Attach this sheet to the supporting documentation.
3. Please submit forms via the myCGS Web portal, esMD, fax, or mail. Mail the request to:

CGS  
ATTN: ADMC  
PO Box 20010  
Nashville, TN 37202

OR fax the request to: 1.615.782.4647

See Chapter Nine of the *DME MAC Jurisdiction C Supplier Manual* for a detailed description of documentation requirements regarding ADMC requests.

### SUPPORTING DOCUMENTATION:

#### Manual Wheelchairs (MWC)

- Standard Written Order: Beneficiary name or Medicare beneficiary identifier (MBI), general description of the item, list of concurrently ordered supplies that are separately billed, quantity to be dispensed (if applicable), order date, treating practitioner name or national provider identifier (NPI), and treating practitioner signature.

#### Power Wheelchairs (PWC)

- Standard Written Order (Written Order Prior to Delivery): Beneficiary name or Medicare beneficiary identifier (MBI), general description of the item, list of concurrently ordered supplies that are separately billed, quantity to be dispensed (if applicable), order date, treating practitioner name or national provider identifier (NPI), and treating practitioner signature, MUST be completed within 6 months of the required face to face
- Face to face evaluation

#### Both MCW and PMD'S Require the following Documentation, as well:

- Specialty evaluation which supports the medical necessity for w/c & accessories; information to show no financial involvement w/supplier.
- Information to support supplier's ATP involvement and credentials.
- Information from the patient's medical record supporting medical necessity for w/c & accessories.
- Information to support beneficiary's home provides adequate access

