

# PRIOR AUTHORIZATION REQUEST FOR DURABLE MEDICAL EQUIPMENT COVERSHEET

Request Date \_\_\_\_\_ Number of Pages (including coversheet) \_\_\_\_\_ HCPCS Code \_\_\_\_\_ LT \_\_\_\_\_ RT \_\_\_\_\_

Review Voluntary Accessory Code(s) \_\_\_\_\_

Accessory HCPCS Code(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SUBMISSION TYPE

Initial \_\_\_\_\_ Resubmission \_\_\_\_\_ Expedited Review \_\_\_\_\_

If an expedited review is requested please provide rationale

## BENEFICIARY INFORMATION

Name \_\_\_\_\_ Medicare ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ State of Residence \_\_\_\_\_

## SUPPLIER INFORMATION

Name \_\_\_\_\_ NPI \_\_\_\_\_ PTAN \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Fax \_\_\_\_\_ Point of Contact \_\_\_\_\_

## TREATING PRACTITIONER INFORMATION

Name \_\_\_\_\_ NPI \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Fax \_\_\_\_\_

## DOCUMENTATION REQUIREMENTS

Power Mobility Devices: [https://www.cgsmedicare.com/jb/mr/pmd\\_prior\\_auth.html](https://www.cgsmedicare.com/jb/mr/pmd_prior_auth.html)

Group II Pressure Reducing Support Surfaces: <https://www.cgsmedicare.com/jb/mr/prsspa.html>

Lower Limb Prosthetics: [https://www.cgsmedicare.com/jb/mr/llp\\_prior\\_auth.html](https://www.cgsmedicare.com/jb/mr/llp_prior_auth.html)

Orthotics: [https://www.cgsmedicare.com/jb/mr/orth\\_prior\\_auth.html](https://www.cgsmedicare.com/jb/mr/orth_prior_auth.html)

## DECISION LETTER REQUEST

Beneficiary Letter \_\_\_\_\_ Treating Practitioner \_\_\_\_\_

Must include decision letter request ([https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Downloads/DMEPOS\\_PA\\_Physician\\_Sample\\_Decision\\_Letter\\_Request.pdf](https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Downloads/DMEPOS_PA_Physician_Sample_Decision_Letter_Request.pdf)) form with PAR submission.

Please submit forms via the myCGS web portal, esMD, fax, or mail.

Fax: 1.615.664.5960

Mail: CGS - JUR C DME Medical Review - Condition of Payment Program  
PO Box 24890  
Nashville, TN 37202-4890



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