

CGS DME MAC Jurisdiction B **ADMC Request**

BENEFICIARY INFORMATION

Name _____

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. Mail the request to:

CGS
ATTN: ADMC
PO Box 20007
Nashville, TN 37202

OR fax the request to: 1.615.660.5988

See Chapter Nine of the *DME MAC Jurisdiction B 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

