

**CONTRACT INFORMATION**
**JURISDICTION B**
**Fax the request to:** 1.615.664.5951

**Or Mail:** CGS  
PO Box 20007  
Nashville, TN 37202

**JURISDICTION C**
**Fax the request to:** 1.615.664.5905

**Or Mail:** CGS  
PO Box 20010  
Nashville, TN 37202

**CGS CONNECT INFORMATION**

<b>Request Date:</b>	<b>Request:</b>	Initial Subsequent	<b>Item Delivered?</b>	Yes No	<b>Upgrade?</b>	Yes No	<b>Number of Pages:</b>
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**INDICATE HCPCS CODE**
**Clinical Review (please indicate the HCPCS code using the below HCPCS codes):**

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| <ul style="list-style-type: none"> <li>• AFOs/KAFOs: L1902, L1906, L1930, L1971, L4350, L4360, L4361, L4386, L4387, L4396, L4397, L4631</li> <li>• Commodes: E0163, E0165</li> <li>• CGMs: E2103, A4239</li> <li>• CPAP Accessories: A7027–A7034, A7044</li> <li>• CPAP Device: E0601</li> <li>• Enteral Nutrition and Supplies: B4150, B4152, B4153, B4154, B4155, B4034, B4035</li> <li>• External Infusion Drugs: J1555, J1569, J1575, J1817, J2260, J1559, J3285</li> <li>• Glucose Testing Supplies: A4233–A4236, A4253, A4256, A4258, A4259</li> <li>• Home Blood Glucose Monitor: E0607</li> <li>• Hospital Beds: E0260, E0261, E0294, E0301, E0303</li> <li>• Immunosuppressive Drugs: J7503, J7507, J7518, J7520, J7527</li> <li>• Knee Orthoses: L1833, L1844, L1852, L2397</li> <li>• Lower Limb Prostheses: L5700, L5701</li> <li>• Lymphedema Garments: A6521, A6523, A6525, A6527, A6529, A6553, A6555, A6610, A6556, A6557, A6558, A6565, A6574, A6576, A6577, A6579, A6580</li> </ul> | <ul style="list-style-type: none"> <li>• Manual Wheelchairs: K0001–K0004</li> <li>• Nebulizer Drugs: J7605, J7606, J7613, J7620, J7626, J7686</li> <li>• Osteogenesis Stimulators: E0747, E0748, E0760</li> <li>• Ostomy Supplies: A4431, A4434, A5081, A5057</li> <li>• Oxygen: E1390 (Initial beneficiary claims only)</li> <li>• Parenteral Nutrition: B4193, E4197, B4199</li> <li>• Patient Lifts: E0630, E1035, E1036</li> <li>• Pneumatic Compression Devices: E0650, E0651, E0652</li> <li>• Pressure Reducing Support Surfaces: E0194</li> <li>• Spinal Orthoses: L0450, L0452–L0458, L0630, L0632–L0636, L0638, L0640–L0643, L0646, L0651</li> <li>• Surgical Dressings: A6010, A6021, A6196–A6199, A6203, A6209–A6212, A6231–A6248, A6251–A6256</li> <li>• Therapeutic Shoes for Persons with Diabetes: A5500 (Inserts provided with the A5500 will be included in the review.)</li> <li>• Urological Supplies: A4316, A4351–A4353, A4355</li> </ul> |
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**THIS SHEET MUST BE ATTACHED TO THE TOP OF SUPPORTING DOCUMENTATION**
**BENEFICIARY INFORMATION**

Name:

Address:

Date of Birth:

Medicare Number:

**SUPPLIER INFORMATION**

Name:

Contact's Name:

Address:

Phone Number:

Fax Number:

NPI Number:

Fax Number for  
Results Letter:

PTAN:

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