



# REQUEST FORM

### 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

**Request Date:**

### INDICATE HCPCS CODE

**Clinical Review (please indicate the HCPCS code using the below HCPCS codes):**

**Request:** Initial  
Subsequent

**Item Delivered?** Yes  
No

**Number of Pages:**

- A4253/A4256/A4258/A4259 Glucose Supplies
- A4351/A4352/A4353 Urological Supplies
- A5500/A5512/A5513/A5514 Therapeutic Shoes
- E0601 CPAP
- A7030/A7034 PAP Accessories
- A6196/A6197/A6021/A6212/A6010 Surgical Dressings
- E1390 Oxygen  
\* *initial claims only*
- E0260/E0294/E0301/E0912 Hospital Beds
- Oral Anticancer Drugs
- K0554/K0553 Continuous Glucose Monitor
- J7507/J7518 Immunosuppressive Drugs
- K0004 HS Lightweight Manual Wheelchair
- J7605/J7606/J7686 Nebulizer and Related Drugs
- J2260/J1559/J3285 External Infusion Drugs/Pumps
- L1832/L1833 Knee Orthosis
- L0637/L0650 LSO

**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:

NPI Number:

PTAN:

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