

# MEDICARE ADVANTAGE PRIOR AUTHORIZATION



## Durable Medical Equipment (DME) fax request form

Providers: you must get Prior Authorization (PA) for DME before DME is provided. PA is not guarantee of payment. Payment is subject to coverage, patient eligibility and contractual limitations. **Please use appropriate form for Home Health Care and Generic PA requests.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check request type**

Standard request

Note: If the service has already been provided, please follow retro process and submit claim.

Expedited Requests - May take up to 72 hours.

I certify that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

\_\_\_\_\_  
Provider signature required

Patient name

Ordering Provider

NPI #

Patient ID #

Provider of Service

NPI #

Patient birthdate

Contact name

Diagnosis with ICD 10

Contact phone #

Contact fax #

Date of service \_\_\_\_/\_\_\_\_/\_\_\_\_

Check DME type

Purchase  Rental →

Rental dates of service

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_

End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Equipment	Quantity	HCPCS code	Cost	NU	RR
Formula	# calories	# cans	Nutrition % / ml per day	Check how formula is administered	
				<input type="checkbox"/> Bolus <input type="checkbox"/> Gravity <input type="checkbox"/> Pump	

Please fax this form and supportive clinical **including MD order and CMN** to Pre-Cert department below by market:

Market	Phone #	Fax #
TN, IL, IN, No. MS, No. GA, East AR	800.453.4464	866.287.5834
AL, FL, NC, SC, So. MS, Atlanta	800.962.3016	800.872.8685
TX, AR, OK	832.553.3456	888.205.8658
MA, PA, DE, DC, KC, CO, NJ	888.454.0013	800.931.0145

For a list of services requiring PA, visit [MedicareProviders.Cigna.com](http://MedicareProviders.Cigna.com) or call your state's Pre-Cert Department.