

# 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 and Generic PA requests.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Please check request type**

<input type="checkbox"/> Standard request  Note: If the service has already been provided, please follow retro process and submit claim.	<input type="checkbox"/> 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 <input type="checkbox"/> Purchase <input type="checkbox"/> Rental →	Rental dates of service Start date _____ / _____ / _____ End date _____ / _____ / _____
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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, AR	800.453.4464	866.287.5834
AL, FL, NC, SC, So. MS, Atlanta	800.962.3016	866.913.0940
TX, AR, OK	832.553.3456	888.205.8658
MA, PA, DE, DC, KC	888.454.0013	888.951.0144

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