carelon

DMEPOS Prior Authorization Request Form

FOR FASTER AUTHORIZATION, PLEASE VISIT:
https://providers.carelonmedicalbenefitsmanagement.com/postacute/

PLEASE FAX THIS FORM ALONG WITH REQUIRED INFORMATION TO: 833-678-0223

Questions? **Call** 844-411-9622

Date of Request:	**Standard Request:** ☐ **Urgent Request:** ☐ Note: Expedited organization determinations (urgent requests), can only be requested by the Member, Member Representative, or a Physician and only if applying the standard timeframe could seriously jeopardize the life or health of the member. (See CMS regulation: 40.8)

Note: To prevent delay in processing your request, fill out this form in its entirety with all applicable information. Include ALL clinical information and other supporting documentation with this form to support each HCPCS requested.

Member Information

First Name:_____ **DOB:**_____ **Member ID:** _____

Middle Name:_____ **Ht:**_____**ft**_____**in** **Health Plan:** _____

Last Name:_____ **Wt:**_____**lbs**

Member Location

Location the DMEPOS will be used

Home ☐ **Assisted Living** ☐ **Group Home** ☐ **Other**(explain)_____

Your Information

Name:_____ **Secure Fax:** _____

Phone Number:_____**Ext:**_____**Email:** _____

ICD 10 Diagnosis Code(s) (at least one required)

_____ _____ _____ _____ _____ _____

Primary

DMEPOS Provider

Enter NPI and Tax ID of provider dispensing DMEPOS product.

DMEPOS Provider NPI:_____**DMEPOS Provider Tax ID:**_____

DMEPOS Provider Name:_____**Phone:**_____**Secure Fax:**_____

Physical Address:_____ **City, State, Zip:** _____

Ordering Provider (Physician/Treating Practitioner)

Ordering Provider (Physician/Treating Practitioner) NPI: _____

First Name:_____**Phone:**_____ **Street Address:** _____

Last Name:_____**Secure Fax:**_____**City, State, Zip:** _____

HCPCS	Modifier (NU, RR, UE if applicable)	Brief Description	# Units Requested 1 unit = 1 month for rentals	Delivered? List Yes or No	Date Delivered	Request Start Date

Additional Information:

Disclaimer: Please note that receipt of an authorization does not guarantee or authorize payment. Payment for covered services is contingent upon various factors including medical necessity, member eligibility on the date of service, covered benefits, provider contracts, correct coding, billing practices, as well as claim processing requirements.