Durable Medical Equipment Prior Approval Request Form

Disclaimer Statements and Attestation

Prior Approvals will be given for medically necessary services only: it is not a guarantee of payment.
Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract.

MEMBER INFORMATION

Member ID#:	Last Name:	First Name:
Phone Number:	Date of Birth:	Gender: ☐ M ☐ F
Street Address:	City, State, Zip:	
Is Member Being Discharged From an Inpatient Facility? ☐ Yes ☐ No		

ORDERING PHYSICIAN INFORMATION

Ordering Physician Name:	Ordering Physician NPI Number:
Ordering Physician Phone Number:	Ordering Physician Fax Number:

DME PROVIDER INFORMATION

DME Provider Name:	NPI Number:
Street Address:	City, State, Zip:
Phone Number:	Fax Number:

REQUEST FOR SERVICES

Request Date:	Expected Delivery Date of DME:

DESCRIPTION OF DME ITEMS NEEDED

HCPCS Code:	Number of Units:	Description:
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Additional Codes:		

Type of request: ☐ Initial Device rental ☐ Continued Rental ☐ Replacement ☐ Purchase

If Continued Rental, Date DME Delivered:	If Continued Rental, Date of Service:

Primary ICD10 Code(s):			

CONTINUITY OF CARE INFORMATION

Effective Date of Insurance:	Initial Start Date of Rental Period:
Start Date of Current Authorization:	End Date of Current Authorization:
Months Left on Capped Rental:	

RETROACTIVE REQUEST INFORMATION

Is this a Retroactive Request? ☐ Yes ☐ No Delivery Date:

To request Prior Approvals for DME, log onto www.evicore.com for online submissions, or fax all of the following documents to 866-663-7740

1. This completed form
2. Current physician's order/script
3. Current detailed invoice listing all requested equipment (if required)
4. Current clinical related to request (i.e., patient history, progress notes and physical exams)

Call **866-417-2345 (options 3,4)** to speak with an eviCore healthcare representative