

# CGS DME MAC Jurisdiction B ADMC Request

## Beneficiary Information

Name		
HICN		
Address		
Date of Birth		
Height (If needed to support medical necessity)		
Weight (If needed to support medical necessity)		
Place of Service		
Diagnosis Code (Narrative Description is not sufficient)		

## Supplier Information

Supplier's Name		
Contact's Name		
PTAN Number		
Address:		
Phone Number		

## Physician Information

Name		
NPI		
Address:		
Phone Number		

## Item Information

Wheelchair Base Item Code (HCPCS)		
Wheelchair Base Description		

### Instructions:

1. Complete the above information.
2. Attach this sheet to the supporting documentation.
3. Mail the request to:

CGS  
ATTN: ADMC  
PO Box 20007  
Nashville, TN 37202

OR fax the request to: 1.615.660.5988

See Chapter Nine of the *DME MAC Jurisdiction B Supplier Manual* for a detailed description of documentation requirements regarding ADMC requests.

### Supporting Documentation:

#### Manual Wheelchairs (MWC)

- Detailed Written Order w/beneficiary's name; physician's name; physician's NPI; date of the order; description of MWC (sufficient to verify coding); description of all accessories (sufficient to verify coding); physician's signature; and physician's signature date.
- Specialty evaluation which supports the medical necessity for w/c & accessories; information to show no financial involvement w/supplier.
- Information to support supplier's ATP involvement and credentials.
- Information from the patient's medical record supporting medical necessity for w/c & accessories.
- Information to support beneficiary's home provides adequate access.

#### Power Wheelchairs (PWC)

- 7-element handwritten or electronically-generated order with pt name, description of PWC, date of FTF, pertinent dx, length of need, MD signature-dated and signed
- Detailed Product Description List, FTF evaluation, LCMP/Specialty evaluation, Home Assessment and ATP evaluation. Signed and dated attestation of no financial relationship between supplier and LCMP.