Prior Authorization Request (PAR) Coversheet

JURISDICTION B

Power Mobility Demonstration

Request Date

For HCPCS

Entity Submitting Supplier ☐ Physician/Treating Practitioner (TP) ☐

Supplier Name

Supplier Address

Supplier Phone

Supplier Contact Name

Supplier Fax

Supplier NPI

Supplier PTAN

Number of Pages (including coversheet)

Initial Request ☐ OR Subsequent Request ☐

Physician/TP Name

Physician/TP Address

Physician/TP Phone

Physician/TP Fax

Physician/TP NPI

Beneficiary Name

Beneficiary HICN

Beneficiary State of Residence

Beneficiary Date of Birth

Expedited Request? Yes ☐ No ☐

Note: Expedited requests require justification to meet expedited requirements.

Expedited Request Justification

Checklist of PAR information to include:

- Completed coversheet
- 7-element order
- Face-to-Face assessment
- Detailed product description
- Specialty evaluation (if required by policy)
- Other relevant medical documentation

Fax the PAR to: 1.615.660.5992

OR

Mail the PAR to: CGS
DME Medical Review - Prior Authorization
PO Box 23110
Nashville, TN 37202-4890

For additional information, such as the medical policy, please visit our website at: http://www.cgsmedicare.com/jb/mr/power_mobility_resources.html

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