

Condition of Payment Prior Authorization (PA) Program

JURISDICTION B

Expedited Request?

Initial Request

Resubmission Request

Note: Expedited requests require justification to meet expedited requirements.

Request Date

Number of Pages (including coversheet)

For HCPCS

Entity Submitting Supplier

Physician/Treating Practitioner (TP)

Supplier Name

Physician/TP Name

Supplier Address

Physician/TP Address

Supplier Phone

Physician/TP Phone

Supplier Contact Name

Physician/TP Fax

Supplier Fax

Physician/TP NPI

Supplier NPI

Supplier PTAN

Beneficiary Name

Medicare Number

Beneficiary State of Residence

Beneficiary Date of Birth

For additional information such as medical policy, please visit our websites for:

- Power Mobility Devices: https://www.cgsmedicare.com/jb/mr/pmd_prior_auth.html
- Group II Pressure Reducing Support Surfaces: <https://www.cgsmedicare.com/jb/mr/prsspa.html>
- Lower Limb Prosthetics: https://www.cgsmedicare.com/jb/mr/lp_prior_auth.html

Please submit forms via the myCGS Web portal, esMD, fax, or mail.

Fax: 1.615.660.5992

Mail to: CGS – JUR B DME Medical Review – Condition of Payment Program
PO Box 23110
Nashville, TN 37202-4890