

CONTRACT INFORMATION
JURISDICTION B
Fax the request to: 1.615.664.5951

Or Mail: CGS
 PO Box 20007
 Nashville, TN 37202

JURISDICTION C
Fax the request to: 1.615.664.5905

Or Mail: CGS
 PO Box 20010
 Nashville, TN 37202

CGS CONNECT INFORMATION

Request Date:	Request:	Initial	Item Delivered?	Yes	Upgrade?	Yes	Number of Pages:
		Subsequent		No		No	

INDICATE HCPCS CODE
Clinical Review (please indicate the HCPCS code using the below HCPCS codes):

- AFOs/KAFOs: L1902, L1906, L1930, L1971, L4350, L4360, L4361, L4386, L4387, L4396, L4397, L4631
- Commodes: E0163, E0165
- CGMs: E2103, A4239
- CPAP Accessories: A7027–A7034, A7044
- CPAP Device: E0601
- Enteral Nutrition and Supplies: B4150, B4152, B4153, B4154, B4155, B4034, B4035
- External Infusion Drugs: J1555, J1569, J1575, J1817, J2260, J1559, J3285
- Glucose Testing Supplies: A4233–A4236, A4253, A4256, A4258, A4259
- Home Blood Glucose Monitor: E0607
- Hospital Beds: E0260, E0261, E0294, E0301, E0303
- Immunosuppressive Drugs: J7503, J7507, J7518, J7520, J7527
- Knee Orthoses: L1833, L2397
- Lower Limb Prostheses: L5700, L5701
- Lymphedema Garments: A6521, A6523, A6525, A6527, A6529, A6553, A6555, A6610, A6556, A6557, A6558, A6565, A6574, A6576, A6577, A6579, A6580
- Manual Wheelchairs: K0001–K0004, K0006
- Nebulizer Drugs: J7605, J7606, J7613, J7620, J7626, J7686
- Osteogenesis Stimulators: E0747, E0748, E0760
- Ostomy Supplies: A4431, A4434, A5081, A5057
- Oxygen: E1390
- Parenteral Nutrition: B4193, E4197, B4199
- Patient Lifts: E0630, E1035, E1036
- Pneumatic Compression Devices: E0650
- Pressure Reducing Support Surfaces: E0194
- Spinal Orthoses: L0450, L0452, L0454–L0458, L0630, L0632–L0636, L0638, L0640–L0643
- Surgical Dressings: A6010, A6021, A6196–A6199, A6203, A6209–A6212, A6231–A6248, A6251–A6256
- Therapeutic Shoes for Persons with Diabetes: A5500 (Inserts provided with the A5500 will be included in the review.)
- Urological Supplies: A4295- A4297, A4316, A4351– A4353, A4355

THIS SHEET MUST BE ATTACHED TO THE TOP OF SUPPORTING DOCUMENTATION
BENEFICIARY INFORMATION

Name:

Address:

Date of Birth:

Medicare Number:

SUPPLIER INFORMATION

Name:

Contact's Name:

Address:

Phone Number:

Fax Number:

NPI Number:

 Fax Number for
 Results Letter:

PTAN:

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