

CGS DME MAC Jurisdiction C 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	
NSC 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 20010
Nashville, TN 37202

OR fax the request to: 1.615.782.4647

See Chapter Nine of the *DME MAC Jurisdiction C 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.