

**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

**Request Date:**

**INDICATE HCPCS CODE**

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

<b>Request:</b>	Initial Subsequent	<ul style="list-style-type: none"> <li>• A4253/A4256/A4258/A4259 Glucose Supplies</li> <li>• A4351/A4352/A4353 Urological Supplies</li> <li>• A5500/A5512/A5513/A5514 Therapeutic Shoes</li> <li>• E0601 CPAP</li> <li>• A7030/A7034 PAP Accessories</li> <li>• A6196/A6197/A6021/A6212/A6010 Surgical Dressings</li> <li>• E1390 Oxygen * <i>initial claims only</i></li> <li>• E0260/E0294/E0301/E0912 Hospital Beds</li> <li>• Oral Anticancer Drugs</li> </ul>	<ul style="list-style-type: none"> <li>• K0554/K0553 Continuous Glucose Monitor</li> <li>• J7507/J7518 Immunosuppressive Drugs</li> <li>• K0001/K0002/K0003/K0004 HS Lightweight Manual Wheelchair</li> <li>• J7605/J7606/J7686 Nebulizer and Related Drugs</li> <li>• J2260/J1559/J3285 External Infusion Drugs/Pumps</li> <li>• L1832/L1833 Knee Orthosis</li> <li>• L0637/L0650 LSO</li> </ul>
<b>Item Delivered?</b>	Yes No		
<b>Number of Pages:</b>			

**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:

NPI Number:

PTAN:

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