



REQUEST FORM

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):

Request: Initial
Subsequent

Item Delivered? Yes
No

Number of Pages:

- A4253/A4256/A4258/A4259 Glucose Supplies
- A4351/A4352/A4353 Urological Supplies
- A5500/A5512/A5513/A5514 Therapeutic Shoes
- E0601 CPAP
- A7030/A7034 PAP Accessories
- A6196/A6197/A6021/A6212/A6010 Surgical Dressings
- E1390 Oxygen **initial claims only*
- E0260/E0261/E0294/E0301/E0303/E0912 Hospital Beds
- Oral Anticancer Drugs
- E0163/E0165 Commodes
- K0554/K0553 Continuous Glucose Monitor
- J7507/J7518 Immunosuppressive Drugs
- K0001/K0002/K0003/K0004 HS Lightweight Manual Wheelchair
- J7605/J7606/J7686 Nebulizer and Related Drugs
- J2260/J1559/J3285 External Infusion Drugs/Pumps
- L0637 LSO
- L1902/L1906/L1930/L1971/L4360/L4361/L4396/L4397 Ankle Foot Orthosis & Knee Ankle Foot Orthosis

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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