

Prior Authorization for Durable Medical Equipment for Prosthetics, Orthotics and Supplies (DMEPOS) Exemption Opt-Out Request Form

JURISDICTION B

MUST BE SUBMITTED BY APRIL 30, 2026

I agree to opt out of the prior authorization for DMEPOS Exemption program effective **June 1**.

I understand that opting out means we will continue to submit prior authorization requests for all applicable DMEPOS Prior Authorization programs. Claims submitted for these items will require prior authorization and must be billed with a unique tracking number (UTN).

SUPPLIER INFORMATION

Supplier Name:

NPI:

PTAN:

Point of Contact:

Supplier Address:

Supplier Phone:

Supplier Fax:

You may opt out through the following methods:

- **myCGS Portal** by navigating to: Claim Preparation > Prior Auth > Exemption Opt-Out Form
- Submit this completed form to CGS via **Email**: JB.PA.INQUIRY.MAILBOX@cgsadmin.com
- Submit this completed form to CGS via **Fax**: 615.660.5992.

REQUIRED: By signing, you are confirming you are authorized to make this decision for the supplier.

Supplier Signature:
