



Durable Medical Equipment (DME) Request Form

Initial Continuation Date of Service Correction Previous Auth #: _____

Member Information

Member Name: _____

Member ID Number: _____

Member Address: _____

City: _____ State: _____ ZIP Code: _____

Member Phone Number: _____ Date of Birth: ____ / ____ / ____

Primary Diagnosis for Requested Item (List ICD-10 Codes): _____

Member discharged from hospital facility? Yes No If yes, discharge date: ____ / ____ /20 ____

Recent surgery related to this request? Yes No

Ordering Physician

Ordering Physician: _____

Provider Number: _____

Phone Number: _____ Fax Number: _____

National Provider Identifier: _____ Tax ID: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

DME Provider

Treating/Rendering Provider: _____

Provider Number: _____ National Provider Identifier: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Name: _____ Fax Number: _____

Phone Number: _____ Ext.: _____ Tax ID: _____

Purchase Rental

	HCPCS Code	Modifiers (if applicable)	Code Description	Units	Start Date	End Date	Retail Price*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

*Payment for services rendered will be dependent on provider contracts and reimbursement rules.
Retail price is utilized to determine authorization requirements only.

Please include specific clinical documentation supporting the medical necessity of the requested item. This can include Certificate of Medical Necessity, clinical records, photos and other supporting information.

By submitting this request, you're confirming that you've provided all clinical information available pertinent to this request and you're requesting the decision be made based on information provided in your submission.

Please complete this form and submit it as an attachment through one of the following options. Tennessee providers may submit authorization requests at any time in Availity®. Out-of-state providers may submit authorization requests through their provider portal or Cohere®. If you have questions about submitting a prior authorization request, please call **(423) 535-5717, option 2**, or contact your eBusiness Network Manager.