



Durable Medical Equipment Request Form

To request services: Medicare Advantage

Fax Number: **1-888-535-5243**

Initial Continuation Date of Service Correction Previous Auth #: _____

Member Information

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

Recent surgery related to this request? Yes No

Member Name: _____

Member ID Number: _____ Member Gender: _____

Member Address: _____

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

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

Ordering Physician

Ordering Physician: _____

Provider Number: _____

Phone Number: _____ Fax Number: _____

National Provider Identifier: _____ Tax ID: _____

Address: _____

DME Provider

Treating/Rendering Provider: _____

Provider Number: _____ National Provider Identifier: _____

Address: _____

Contact Name: _____

Phone Number: _____ Ext.: _____ Fax Number: _____

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							
14							
15							

*Regarding Retail Price: 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, if applicable, 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.

Requests can be submitted online at any time through [Availity®.com](https://www.availity.com). Contact the eBusiness Marketing team for all your Availity registration and training needs by calling 423-535-5717 option 2 or emailing eBusiness_marketing@bcbst.com.