

## Prior Authorization Request (PAR) Coversheet K0856/K0861

Request Date: \_\_\_\_\_

Number of Pages (including coversheet): \_\_\_\_\_

HCPCS: \_\_\_\_\_

Will you be providing an upgraded item to the beneficiary:

Supplier Point of Contact: \_\_\_\_\_

Yes – from HCPCS \_\_\_\_\_

Supplier Name: \_\_\_\_\_

to HCPCS \_\_\_\_\_

Supplier Address: \_\_\_\_\_

No

Initial Request or  Resubmission

Supplier Phone: \_\_\_\_\_

**Submitter:**  Supplier  Beneficiary

Beneficiary Request Decision Letter

Supplier Fax: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Supplier NPI: \_\_\_\_\_

Beneficiary HICN: \_\_\_\_\_

Supplier NSC: \_\_\_\_\_

Beneficiary State of Residence: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_

Expedited Request?  Yes  No **Note:** *Expedited Requests Require justification to meet expedited requirements.*

Expedited Request Justification:

**Fax to:**  
701-277-7891

**Mail to:**  
Noridian Healthcare Solutions  
PO Box 6742  
Fargo ND 58108-6742

### Documentation for K0856/K0861:

- 7-Element Order
- Detailed Product Description, including accessories if applicable to ACA 6407
- Face-To-Face Evaluation
- LCMP Specialty Evaluation
- Financial Attestation Statement
- Evidence of RESNA ATP involvement and certification
- Additional medical records to support medical necessity

**For additional information such as the medical policy, visit our website at:**

**JA** - <https://med.noridianmedicare.com/web/jadme/cert-reviews/mr/prior-authorization>

**JD** - <https://med.noridianmedicare.com/web/jddme/cert-reviews/mr/prior-authorization>

**Print Form**

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