

DME PRIOR AUTHORIZATION COLLABORATIVE EDUCATION (PACE) REQUEST FORM

Noridian would like to offer the opportunity for suppliers to receive an individualized education session on prior authorization through our new PACE program. Education will be provided on an overview of the prior authorization program, coverage criteria for the specified program, and resources available. Complete the following form to request education. These requests are processed in the order received. A Noridian Clinical Reviewer will contact you within five business days. For single questions/ answers regarding prior authorization, call the Pre-Claim Hotline at 701-433-3041.

Do not provide protected health information (PHI) on this form.

Supplier Information

Company Name

Provider Transaction Access Number (PTAN)

Contact Person

Phone Number

Email

State

What is the best time to contact you?

Do you use the Noridian Medicare Portal (NMP)?

Would you like more information on the NMP?

Education Information

Primary policy requesting education:

Secondary policy requesting education if applicable:

Top two items you would like education on (coverage, denials, etc.):

1.

2.

Comments:

IMPORTANT NOTE: Save and email the completed form to dmepace@noridian.com.