

Prior Authorization Request Coversheet

Policy Group: Lower Limb Prosthetics (LLP)

Request Date: _____ Beneficiary Name: _____
HCPCS: _____ Medicare Beneficiary ID (MBI): _____
Supplier Point of Contact: _____ Beneficiary State of Residence: _____
Supplier Name: _____ Beneficiary Date of Birth: _____
Supplier Address: _____ Submitter: Supplier or Beneficiary
Supplier Phone: _____ Ext. _____ Decision Letters:
Supplier Fax: _____ Beneficiary Request Decision Letter
Supplier NSC: _____ Clinician Request Decision Letter
Supplier NPI: _____ The clinician must be able to demonstrate a legitimate,
Number of Pages (including coversheet): _____ specific need for information requested and provide a
valid address to send the letter.
 Initial Request or Resubmission CMS sample decision request letter can be found [here](#).

Expedited Request? Yes No **Note:** Requires justification meeting expedited requirements.

Expedited Request Justification:

Noridian Medicare Portal:

www.noridianmedicareportal.com

Fax to:

701-277-7891

Mail to:

Noridian Healthcare Solutions
PO Box 6742
Fargo, ND 58108-6742

LLP Documentation:

- Standard Written Order
- Treating Practitioner records to support functional level
- Prosthetist records
- Additional medical records to support medical necessity of the prosthesis

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

JA – <https://med.noridianmedicare.com/web/jadme/cert-reviews/mr/pre-claim>

JD – <https://med.noridianmedicare.com/web/jddme/cert-reviews/mr/pre-claim>

Print Form

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