

Prior Authorization Request Coversheet Policy Group: Power Mobility Devices (PMDs)

Request Date: _____

HCPCS: _____

Will you be providing an upgraded item to the beneficiary:

Yes – from HCPCS _____

to HCPCS _____

No Upgrade

Supplier Point of Contact: _____

Supplier Name: _____

Supplier Address: _____

Supplier Phone: _____ EXT _____

Supplier Fax: _____

Supplier NSC: _____

Supplier NPI: _____

Number of Pages (including coversheet): _____

Initial Request or Resubmission

Beneficiary Name: _____

Medicare Beneficiary ID (MBI): _____

Beneficiary State of Residence: _____

Beneficiary Date of Birth: _____

Submitter: Supplier Beneficiary

Decision Letters:

Beneficiary Request Decision Letter

Clinician Request Decision Letter

The clinician must be able to demonstrate a legitimate, specific need for information requested and provide a valid address to send the letter

CMS sample decision request letter can be found [here](#)

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

PMD Documentation:

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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