noridian
Healthcare Solutions

Advance Determination of Medicare Coverage (ADMC) Coversheet-Jurisdiction D

Request Date: _____

HCPCS: _____

Supplier Point of Contact: _____

Supplier Name: _____

Supplier Address: _____

_____

Supplier Phone: _____

Supplier Fax: _____

Supplier NPI: _____

Supplier NSC: _____

Number of Pages (including coversheet): _____

Initial Request ☐ or Resubmission ☐

Will you be providing an upgraded item to the beneficiary:

☐ Yes – From HCPCS _____
to HCPCS _____

☐ No

Beneficiary Name: _____

Medicare Beneficiary ID (MBI): _____

Beneficiary State of Residence: _____

Beneficiary Date of Birth (DOB): _____

Documentation for Manual Wheelchairs:

- ☐ Written Order Prior to Delivery, 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

Documentation for Power Wheelchairs:

- ☐ 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

Fax to:
701-277-7890

Mail to:
Noridian Healthcare Solutions
Jurisdiction D Medical Review - ADMC
PO Box 6727
Fargo ND 58108-6727

Print Form

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