

## Advance Determination of Medicare Coverage (ADMC) Coversheet-Jurisdiction A

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 A Medical Review - ADMC  
PO Box 6780  
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