NORIDIAN HEALTHCARE SOLUTIONS

Prior Authorization Request for Durable Medical Equipment Coversheet

Request Date: Number of Pages including Coversheet:

HCPCS Code: LT ☐ RT ☐ Review eligible voluntary accessory HCPCS codes for prior authorization? Yes ☐ No ☐

Submission Type

Initial ☐ Resubmission ☐

If an expedited review is requested, please provide rationale:

Beneficiary Information

Name: Medicare ID:

Date of Birth: State of Residence:

Supplier Information

Name: NPI: PTAN:

Address: Phone: Fax:

Point of Contact:

Treating Practitioner Information

Name: NPI: Phone:

Fax: Address:

Documentation Requirements

JA

Prior Authorization for Lower Limb Prosthetics
Prior Authorization for Power Mobility Devices
Prior Authorization for Pressure Reducing Support Surfaces
Prior Authorization for Orthoses
Prior Authorization for Pneumatic Compression Devices

JD

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Decision Letter Request:

Beneficiary Letter ☐

Treating Practitioner (Must include decision letter request form with PAR submission) ☐

Submission Options:
Noridian Medicare Portal:
www.noridianmedicareportal.com

Fax to: 701-277-7891

Mail to:

JA
Noridian Healthcare Solutions
Attn: Prior Authorization Requests
PO Box 6780
Fargo, ND 58108-6780

JD
Noridian Healthcare Solutions
Attn: Prior Authorization Requests
PO Box 6727
Fargo, ND 58108-6727

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES