

# DME / P&O prior authorization form

Check if requesting on behalf of a Cigna-participating provider  
Check if your request is a [Medicare Pre-Service Organization Determination](#) (PSOD)  
MAC jurisdiction if different from the state you're in: \_\_\_\_\_

Date of request: \_\_\_\_\_

Member information

Member last name		Member first name	
Priority Health ID#		Date of birth	

Requested by

Ordering physician		Ordering physician NPI	
Phone		Fax	
Address		Diagnosis code(s)	
		Diagnosis (description)	
Requested date span	From:	To:	
Request type – length of rental must be on Rx	Purchase	Rental	
Request priority	Standard	Expedited*	

*\*By checking this box, I attest that the standard timeframe could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.*

Directed to (DME provider information)

Provider name		Provider tax ID	
Address		Phone	
		Contact name	

Mandatory documentation for prior authorization

- Complete description and medical necessity for NOC codes
- Copy of physician's order with supporting documentation to show medical necessity
- Repairs as follows:
  - Medicaid greater than \$500
  - HMO, POS, Medicare greater than \$1,000
  - ASO greater than \$1,000 – check to see if specific group covers
- Prosthetics: K level \_\_\_\_\_
- Date similar item last received: \_\_\_\_\_
- Mobility devices: Provide answers to medical necessity according to InterQual®

Quantity	Procedure code	Make/Model	Description	Retail	R/P

To facilitate prompt, accurate processing, the information above must be complete and all supporting clinical documentation related to this request MUST be submitted with this form.

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