

Prior Authorization Request Coversheet

Policy Group: Power Mobility Devices (PMDs)

Request Date: _____ Number of Pages (including coversheet): _____

HCPCS: _____ Will you be providing an upgraded item to the beneficiary:
 Yes – from HCPCS _____
to HCPCS _____

Supplier Point of Contact: _____
 No

Supplier Name: _____
 Initial Request or Resubmission

Supplier Address: _____

Supplier Phone: _____

Supplier Fax: _____

Supplier NPI: _____

Supplier NSC: _____

Submitter: Supplier Beneficiary
 Beneficiary Request Decision Letter

Beneficiary Name: _____

Medicare Beneficiary ID (MBI): _____

Beneficiary State of Residence: _____

Beneficiary Date of Birth: _____

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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