Medicare Advantage Prior Authorization
Durable medical equipment fax request form

This form is for Arizona only. Providers must get prior authorization for DME before DME is provided. Prior authorization isn't guarantee of payment. Payment is subject to coverage, patient eligibility and contractual limitations. **Please use the appropriate form for home health care and generic prior authorization requests.**

Date / /	**Please check request type**
☐ Standard request Note: If the service has already been provided, please follow the retroactive process and submit claim.	☐ Expedited request – may take up to 72 hours. **I certify that waiting for a decision under the standard time frame could place the member's life, health or ability to regain maximum function in serious jeopardy.** _____ Provider signature required

Member name	Ordering provider	NPI
Member ID	Provider of service	NPI
Member date of birth / /	Contact name	
Diagnosis with ICD-10	Contact phone	
Date of service / /	Contact fax	
DME type ☐ Purchase ☐ Rental	Rental dates of service Start date / / End date / /	

Equipment	Quantity	HCPCS code	Cost	New unit	Rental unit

Formula	Calories	Number of cans	Nutrition in milliliters per day	Check how formula is administered
				☐ Bolus ☐ Gravity ☐ Pump

Please fax this form and supporting clinical information, including provider order and certificate of medical necessity, to the delegate listed below:

Delegate	Phone	Fax
Preferred Homecare	480-446-9010	480-466-7695

For a list of services requiring prior authorization, visit **HealthSpring.com/Providers** or call your state's prior authorization department.