

# Medicare Advantage Prior Authorization Durable medical equipment fax request form



Providers must receive prior authorization for DME before DME is provided. Prior authorization isn't a 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    /    /		<b>Please check request type</b>			
<input type="checkbox"/> Standard request  Note: If the service has already been provided, please follow the retroactive process and submit claim.		<input type="checkbox"/> Expedited request – may take up to 72 hours.  <b>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.</b>  _____ 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 <input type="checkbox"/> Purchase <input type="checkbox"/> 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	
				<input type="checkbox"/> Bolus <input type="checkbox"/> Gravity <input type="checkbox"/> Pump	

**Please fax this form and supporting clinical information, including provider order and certificate of medical necessity, to HealthSpring at 877-451-5541. For questions, contact the prior authorization department by phone at 800-914-8252.**

For a list of services requiring prior authorization, visit [HealthSpring.com/Providers](https://www.healthspring.com/Providers) or call your state's prior authorization department.