Medicare Advantage Durable Medical Equipment (DME) Prosthetics and Orthotics Authorization Request Form

CareFirst
Medicare Advantage

IMPORTANT

1. Claims submitted for these benefits are subject to any applicable lifetime maximums, deductions, coinsurances or provisions, as specified in the member's contract. If applicable, benefits issued for requested services will be subtracted from the member's lifetime benefit maximum. Benefit approval is subject to the following conditions: a) member identification number is effective at the time services are rendered, b) requested benefits are available under the member's contract, c) lifetime benefits not exhausted.

2. Please contact the appropriate provider service area to verify member's eligibility and benefits for requested services.

3. Claim payment for approved services does not indicate payment for future services. All future claims will be evaluated in accordance with the aforementioned benefit approval conditions and the CareFirst Medicare Advantage utilization management review process.

4. If you have any questions regarding the extent of this authorization, please call 800-334-3427 ext 6425. Calls will be returned within one business day.

Please fax the completed form to **443-753-2341**.

Participating Providers: to initiate a request and to check the status of your request, visit CareFirst Direct at **carefirst.com**.

DME RENDERING PROVIDER INFORMATION		
Date of Request	Date of Service	Provider/Company
Provider ID #	Provider Fax #	Provider Telephone #
Provider Address		Agency Contact Name

DME REFERRING PROVIDER INFORMATION		
Date of Request	Date of Service	Provider/Company
Provider ID #	Provider Fax #	Provider Telephone #
Provider Address		Agency Contact Name

MEMBER/PATIENT INFORMATION		
Member Name	Member ID #	Member Date of Birth

Requested Equipment/Items	Rent/Purchase ("R" or "P")	HCPC Code(s)	Units per Month
Diagnosis Code(s) (ICD-10)		Previous Authorization #	

INTERNAL OFFICE USE ONLY	
Purchase Item(s) Authorization #	Valid _____ to _____
Rental Item(s) Authorization #	Valid _____ to _____

PRV8034-1E (4/22)