

## Complex Rehabilitation Technology Durable Medical Equipment (DME) Authorization Request

Please type/print legibly and fax completed form to:  
Commercial Utilization Management at 1-866-558-0789 **OR**  
Submit online authorization requests via Availity® anytime day or night\*

Member Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member ID Number \_\_\_\_\_ Diagnosis with Diagnosis Codes \_\_\_\_\_

Ordering Physician \_\_\_\_\_ Provider # and /or NPI# \_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

DME Supplier \_\_\_\_\_

DME Supplier Address \_\_\_\_\_

DME Supplier # NPI# \_\_\_\_\_

DME Supplier Phone Fax Number \_\_\_\_\_

Start Date Duration \_\_\_\_\_

**REQUESTORS** Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

### Special note regarding needed information:

For Complex Rehabilitation Technology, please complete the form below and on page 2 (if needed).

All codes/line items to be billed and the required information noted below, must be provided to pre-review for billable codes and provide coverage determinations for complex rehabilitation technology. The reimbursement of billable codes/line items will be based on established/published reimbursement guidelines and/or contracted fee schedules.

### Equipment Codes Requested

Code	Description	Manufacturer	Product Name	Product Number	Units	Amt. to Be Billed

