Durable Medical Equipment/ Supply Prior Authorization Request Form

FYI: Review our provider manual criteria references. Submit documentation to support medical necessity along with this request. Failure to provide required documentation may result in denial of request.

Fax form and relevant clinical documentation to:
612-884-2499 or 1-866-610-7215

For questions, call:
612-676-3300 or 1-888-531-1493

E-Mail: HCM_Fax@ucare.org

UCare's Secure E-mail Site

PATIENT INFORMATION:			
Name:			
ID:		PMI:	
Address:			
City:		State:	Zip Code:
Date of Birth:		Phone:	
Living Arrangements:	☐ House/Apt. ☐ Assisted Living	☐ Group Home ☐ Nursing Home/SNF	

ORDERING PRACTITIONER INFORMATION: ☐ CONTRACTED ☐ NON-CONTRACTED			
Practitioner Name:		ID/NPI Number:	
Address:			
City:		State:	Zip Code:
Clinic Name:		ID/ NPI Number:	
Phone:		Fax:	

DME PROVIDER INFORMATION: ☐ CONTRACTED ☐ NON-CONTRACTED			
DME Point of Contact:			
Phone:		Fax:	
Point of Contact Email:			
Provider Name:		ID/NPI Number:	
Address:			
City:		State:	Zip Code:

REASON FOR REQUEST: (SELECT ONE)	
☐ UCare Prior Authorization Requirement	☐ Experimental/Investigational
☐ Out of Network Provider Request	☐ Benefit Exception
☐ Pre-Determination Request (Medicare Only)	

PURCHASE OR RENTAL:	
☐ **Purchase**	☐ **Rental**
Anticipated Date of Purchase:	Date of Delivery:

REPLACEMENT: ☐ YES ☐ NO
Date of Original Purchase/Delivery:
Original Payer:
Cost of Replacement:
Reason for Replacement:

REPAIR: ☐ YES ☐ NO
Make/ Manufacturer:
Original Payer:
Cost of Repair:
Reason for Repair:

HCPCS/ CPT CODE(S):			
Description of Request:			

ICD-10 DIAGNOSIS CODE(S):			
Diagnosis description (include all) relevant to this request:			

SERVICE/ ITEM REQUESTED:
Number of Units/ Visits Requested:
Frequency: (if applicable)
Start Date Requested: (required)
End Date Requested:

☐ STANDARD REQUEST	☐ EXPEDITED REQUEST
➢ Medicare and Medicaid decision within 10 business days. ➢ IFP decision within 5 business days.	➢ Only request an urgent/ emergent review if waiting the standard review timeframe would potentially jeopardize the member's health, life, or ability to regain function. ➢ Medicare and Medicaid decision within 72 hours. ➢ IFP decision within 48 hours including 1 business day. ➢ Billing and retrospective authorizations are not
Will waiting the standard review time seriously jeopardize the member's health, life or ability to regain maximum function? ☐ Yes ☐ No	
Clinical reason for urgency (unrelated to scheduling issues):	
Physician Signature:	

NOTE: Description/Additional Information: (Attach manufacturer retail price listing)