



DME Ancillary Services Authorization Request

FAX TO (877) 844-8538 For Kentucky Medicaid

CHECK ONE OF THE FOLLOWING:

DME Transition of Care

(POS) POINT OF SERVICE BENEFIT OPTION ELECTED BY MEMBER. Higher share of cost for member will apply.

Required Information: In order to ensure our members receive quality care, appropriate claims payment, and notification of servicing providers, please complete this form in its entirety. Please type or print in black ink and submit this request to the fax number above.

Do not use this form for an urgent request, call (800) 351-8777.

****For nutrition requests fax to (877) 831-2045.****

MEMBER INFORMATION

WellCare ID:	Last Name:	First Name, MI:
Medicaid/Medicare #:	Phone Number:	Date of Birth:

ORDERING PROVIDER INFORMATION

WellCare ID Number:	NPI Number:	
Last Name:	First Name:	
Street Address:	City, State:	Zip Code:
Phone Number:	Fax Number:	
Provider Type/Specialty:	Name of Requester:	

TREATING PROVIDER / VENDOR

WellCare ID Number:	NPI Number:	
Last Name:	First Name:	
Street Address:	City, State:	Zip Code:
Phone Number:	Fax Number:	
Provider Type/Specialty:	Name of Requester:	

FACILITY

Type: Office Home

SERVICE REQUESTED

Planned Date of Service: From: ___/___/___ To: ___/___/___ Service Start Date Not Known

Primary ICD-10 Code:		Description:	
CPT – 4 / HCPC Code	DME Product Name/Description	Units	Total Amount Billed (DME)

Pertinent Clinical Summary: (Attach supporting clinical records, if necessary). For customized equipment or services, specify pertinent member information (i.e., height, weight, O2 Saturation, sleep study, functional assessment, etc.). For nutritional services, specify name of supplement; dosage per day, flavor if applicable.

*Authorizations will be given for medically necessary services only: it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergencies do not require prior authorization (An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity which could result, without immediate medical attention, in serious jeopardy to the health of an individual). *Urgent Care is defined as medically necessary treatment for an injury, illness, or other type of condition (usually not life threatening) which should be treated within 24 hours.*