

# Durable Medical Equipment (DME) Prosthetics and Orthotics Authorization Request

## INSTRUCTIONS

**For Participating Providers:** Please go to CareFirst Direct at [carefirst.com](http://carefirst.com) to submit your request electronically or to check the status of the authorization.

### For Non-Participating Providers:

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. When submitting claims for habilitative services, the modifier 96 must be included. When submitting claims for rehabilitative services, the modifier 97 must be included.
3. Please contact the appropriate provider service area to verify member's eligibility and benefits for requested services.
4. 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 and/or CareFirst BlueChoice utilization management review process.

## DME 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
Provider Name	Provider ID #	
Provider Address		
Place of Hospitalization	Hospital Admission Date	Hospital Discharge Date

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

Authorization #	Valid _____ to _____
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Please fax the completed form to 410-720-3122 or 410-720-3123.

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.