



Home Modifications, Special Medical Equipment, and Minor Environmental Modifications

Request for Prior Authorization

Name: _____ MID: _____

Name of Prescriber: _____ NPI: _____

Diagnosis: _____

Check the appropriate box below:

- Non-standard Minor Environmental Modifications:** Minor Assistive Devices without an assigned HCPCS code. Please see definition ([GW-AD1](#)). [HCPCS Code A9999]
- Special Medical Equipment:** Special Medical Equipment without an assigned HCPCS code. Please see definition ([GW-SM](#)). Attach form ([GW-EM1](#)). [HCPCS Code A9999]
- Home Modifications:** Please see attached definition ([GW-EM](#)). Attach form ([GW-EM1](#)). [HCPCS Code S5165]

Equipment being prescribed: _____

Medical Justification for Request (attach Form GW-EM1 if required):

I certify that the above ordered DME is part of my treatment plan, documented in the medical record, and, in my opinion, medically necessary.

Print Ordering Prescriber's Name

Prescriber Signature

Date