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: ___________________________________________________________

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_____________________________________________________________________________________

_____________________________________________________________________________________

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

_____________________________________________________________________________________

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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