



LIMB PROSTHETIC - Prior Authorization Form – revised January 2014
 For ALL Faxes: 503-416-3637 or Toll Free: 1-800-862-4831

Date: ___/___/___ Prosthetic Provider Name: _____ Tax ID #: _____

Contact Person _____ Phone # _____ Fax # _____

Member Name: _____ / _____ / _____ Subscriber ID# _____
Last First

Prescribing Provider Name: _____ Telephone #: _____ Fax#: _____
Last First

Dx Code _____ Description _____; Dx Code _____ Description _____

Amputation: Left Right; Amputation occurred within the last 3 years? No Yes; if yes, date of amputation: ___/___/___

Type of Prosthetic Request: Preparatory Definitive Replacement Repair Dates of Svc: From ___/___/___ To ___/___/___

Functional Level: **K** _____ (medical record documentation required)

For preparatory and definitive prostheses, documentation must address the status of the residual limb, the status of comorbid (e.g. CHF) conditions, functional status (past, current, and anticipated), and motivation to ambulate. As a result, we will need the following documents:

- physical therapy evaluation and progress notes regarding rehabilitation/ambulation potential, *if available*
- medical history including current progress notes from prescribing
- physician prosthetist notes

For replacement prostheses, the reason a replacement is needed must be clearly documented. If the reason is due to a change in the physiological condition of the individual, documentation must include reason for the change, impact on prosthetic fit, and residential stump measurements (previous and current).

Code _____ Modifier _____ Description _____ Quantity ___ @ Price \$ _____ = *Total \$ _____

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Code _____ Modifier _____ Description _____ Quantity ___ @ Price \$ _____ = *Total \$ _____

Comments: _____

***PLEASE NOTE: DMEPOS staff is not authorizing the quoted price or total! Payment is based on contracted rules unless otherwise indicated.**

Date: ___/___/___ Member Name: _____ Last First DOB: ___/___/___ Subscriber ID# _____

Code _____	Modifier _____	Description _____	Quantity _____	@ Price \$ _____	= *Total \$ _____
Code _____	Modifier _____	Description _____	Quantity _____	@ Price \$ _____	= *Total \$ _____
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