



**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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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 \$ _____
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