

Limb Prosthetic Authorization Form

For ALL Faxes: 503-416-3637 or toll-free: 800-862-4831



Date: _____	Provider (Agency/Vendor) Name: _____	Tax ID#: _____			
Contact Person: _____	Phone#: _____	Fax#: _____			
Member Name: _____	DOB: ____/____/____	Subscriber ID#: _____			
Prescribing Provider Name: _____	Phone#: _____	Fax#: _____			
Primary Dx Code: _____	Description: _____	Dx Code: _____ Description: _____			
Amputation: <input type="checkbox"/> Left <input type="checkbox"/> Right	Amputation occurred within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of amputation: ____/____/____			
Type of Prosthetic Request: <input type="checkbox"/> Preparatory <input type="checkbox"/> Definitive <input type="checkbox"/> Replacement <input type="checkbox"/> Repair	Dates of Service: 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:					
<input type="checkbox"/> Physical therapy evaluation and progress notes regarding rehabilitation/ambulation potential, if available					
<input type="checkbox"/> Medical history including current progress notes from prescribing					
<input type="checkbox"/> 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).					
Record applicable HCPCS and appropriate modifier, CPT, or Revenue: _____	Dates of Service: From ____/____/____ To ____/____/____	<input type="checkbox"/> Parenteral <input type="checkbox"/> Enteral			
Code: _____	Modifier: _____	Description: _____	Quantity: _____	@Price \$ _____	=Total \$ _____
Code: _____	Modifier: _____	Description: _____	Quantity: _____	@Price \$ _____	=Total \$ _____
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. Page ____ of ____

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

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

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