

FORWARDHEALTH
PRIOR AUTHORIZATION / DURABLE MEDICAL EQUIPMENT ATTACHMENT (PA/DMEA)

Providers can find PA submission instructions in the [ForwardHealth Online Handbook](#). For specific questions, call Provider Services at 800-947-9627.

SECTION I – MEMBER INFORMATION

1. Name – Member (Last, First, Middle Initial)

2. Member ID Number

3. Date of Birth – Member

SECTION II – SERVICE INFORMATION

4. What kind of support does the member need?

- ☐ Complex rehab technology (CRT)
- ☐ Compression equipment (garments, pumps)
- ☐ Home health equipment
- ☐ Other: _____

5. About how long will the member need this support?

- ☐ _____ months
- ☐ Lifetime of the DME

6. Is this request for **new DME** or for **repair or replacement** of existing DME?

- ☐ New DME (rental or purchase): Complete Section III – New Request Information
- ☐ Repair or replacement: Complete Section IV – Repair or Replacement Information

SECTION III – NEW REQUEST INFORMATION

7. If this request is for a miscellaneous or “priced on PA” Healthcare Common Procedure Coding System (HCPCS) code (for example, E1399), provide the make, model, and description of what the provider is requesting. Attach documentation of the manufacturer’s suggested retail price (MSRP) or an invoice from the vendor.

Make: _____

Model: _____

Description: _____

8. What cost-effective options has the member already tried, and why didn’t these options meet the member’s needs?



9. Has the member already rented this equipment?

☐

Yes

☐

No

If yes, provide dates of rental: _____

SECTION IV – REPAIR OR REPLACEMENT INFORMATION

10. What device (make and model) is being repaired or replaced?

11. When was the DME dispensed?

12. Is the item currently under warranty?

☐

Yes

☐

No

13. Reason for repair or replacement:

☐

Damaged

☐

Missing

☐

Worn out

☐

Other: _____

14. Has the part met its life expectancy?

☐

Yes

☐

No

15. Has the member's functional status or medical condition changed since they first got the DME?

☐

Yes

☐

No

If the member needs new equipment because of this change, explain why:

SECTION V – SIGNATURE

16. Name – Requesting Provider

17. Name – Person Who Filled Out the Form

18. Email Address – Person Who Filled Out the Form

19. **SIGNATURE** – Person Who Filled Out the Form

20. Date Signed

Reset Form