



Passport Health Plan by Molina Healthcare

DME Request Form

Please refer to the On-line PA Look Up tool for DME codes which require authorization.

NOTE: Codes on the PA Look Up tool may or may not be covered on the Kentucky DME fee schedule. It is highly encouraged for providers to review the DME fee schedule to ensure coverage of a code. Codes not on the Kentucky DME fee schedule may be covered under EPSDT Special Services with an authorization.

Fee Schedule located here:

<https://chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>

Member Name _____ Member ID _____ Member DOB _____

Rendering Provider Name _____ Tax ID _____

Phone _____ Fax _____

Ordering Provider Name _____ Tax ID _____

Phone _____ Fax _____

A. DME / Orthotics / Prosthetics

HCPC	Description	Rent* or Purchase	Quantity, if applicable

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, evidence of medical necessity and other applicable standards during the claim review.

DME Rental	Rental From Date	Rental To Date

May use end of sheet to document additional DME request(s)

Is item needed prior to an inpatient discharge **Yes** **DC Date** **No**

B. Diagnoses

a. Primary: _____

b. Secondary: _____

C. Requesting physician / Provider

MD Name	
MD Phone	
MD Fax	

Clinical information and supportive documentation should consist of current physician order, relevant notes supporting the request and recent diagnostics. To determine Medical Necessity, in conjunction with independent professional medical judgment, Passport uses nationally recognized evidence-based guidelines (MCG), third party guidelines, CMS guidelines, state/commonwealth guidelines, guidelines from recognized professional societies, and advice from authoritative review articles and textbooks.