

**Fax Transmittal**

To: Alla N.  
Fax: 7732056994

300 South Riverside Plaza  
Suite 500  
Chicago, IL 60606  
Phone # 866-606-3700

Company:

From: Christine Edmier

Date: September 10, 2024

Voice: 1 (630) 382-6434

Subject:

Comments:

RE: Mohammed Hossain  
DOB: 1/6/1962  
Medicaid Number: 354713505

Good Afternoon:

We have received your request for Prior Authorization CPT Codes E0265, E1226 and K0003.

~~We have already approved a K0004 HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR from another DME provider as of August 20, 2024.~~

With regards to the Fully Electric Hospital Bed request , we need the following information faxed to us at (833)544-1649 so that we can complete our Prior authorization review:

Electric height adjustment necessary to perform independent wheelchair sliding board transfers and patient able to operate controls? or

Frequent height adjustments required for caregiving and/or assisted transfers, caregiver unable to manage manual adjustments but able to operate electric controls?

Please submit this information to us no later than Monday 9/16/2024/24 at 9:00 AM CT

Thank you,

Chris, RN, BSN, Prior Authorization

Meridian Health Plan

Phone(630)382-6434

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