

****USE THIS FORM FOR ADDITIONAL CODES CARRIED OVER FROM PAGE ONE OF THE PRIOR AUTHORIZATION REQUEST FORM****

15. MEDICAL SUPPLY, THERAPY, IMAGING OR PROCEDURE DESCRIPTION (Do not include codes from page 1)	16. CPT/HCPCS	17. MODIFIER	18. UNITS/VISITS	19. ESTIMATED COST
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				

NOTE: For DME repair or replacement requests, provide the information below for the item(s) that is being repaired or replaced. For items that have been repaired or replaced previously, enter the most recent date of repair or replacement.

DESCRIPTION OF DME ITEM	HCPCS CODE	DATE OF DELIVERY OF ITEM	QUANTITY
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			