

## ***Prior Authorization Request Form***

### ***Document Details***

Document Type: Prior Authorization Request Form  
Form Type: Outpatient Authorization Form  
Source: Ambetter / Absolute Total Care  
Submission Date: April 25, 2025, 12:16 PM (CST)  
Fax Number: 1-844-560-0799  
Standard Request: Yes  
Urgent Request: No

### ***Member Information***

Member ID: U7131533302  
Name: Rebecca Hardin  
Date of Birth: August 25, 1976  
Address: 2045 Lloyd Dr, Sumter, SC 29154-9233  
Phone: 803-607-6918  
Sex: Female  
MRN: 976457669  
SSN: XXX-XX-9971  
Insurance: Insurance

### ***Insurance Details***

Payor: Ambetter / Absolute Total Care  
Plan: AMBETTER EXCHANGE-ALL  
Group Number: 412101  
Subscriber ID: U7131533302

### ***Requesting Provider***

Name: Amy Diane Kelly, NP  
NPI: 1578173555  
TIN: 474914917  
Phone: 803-774-9787  
Fax: 803-774-8890  
Specialty: Pulmonology  
Facility: facility

### ***Facility Information***

Name: Prisma Health Pulmonology - Sumter  
Address: 115 N Sumter St, Suite 315, Sumter, SC 29150  
Phone: 803-774-9787

Fax: 803-774-9781

### ***Servicing Provider***

Name: Maria Griffin  
Facility: AeroCare / AdaptHealth  
NPI: 1124566716  
TIN: 593758015  
Phone: 803-572-4391  
Fax: 803-701-9115  
Email: maria.griffin@adapthealth.com  
Location: Camden, SC 61504

### ***Authorization Request***

Primary Procedure: primaryProcedure  
Additional Procedures: additionalProcedures, additionalProcedures\_1, additionalProcedures\_2, additionalProcedures\_3  
Diagnosis: diagnosis  
Start Date: 2025-04-25  
End Date: —  
Total Units: 1  
Service Type Code: 417  
Service Description: DME Rental / Purchase  
Setting: Outpatient

### ***Procedures & Codes***

Primary Procedure:  
Code: E0601  
Description: Continuous Positive Airway Pressure (CPAP) Device  
HCPCS Category: DME Rental (417)

Additional Procedures:  
1. E0562 – Heated Humidifier (DME Purchase - 120)  
2. A7037 – CPAP Tubing, Generic  
3. A4604 – CPAP Tubing, Heated  
4. A7038 – CPAP Filter, Disposable

### ***Diagnosis***

ICD-10: G47.33  
Description: Obstructive Sleep Apnea

### ***Device Orders***

Device Order 1:  
Order ID: 708800217  
Type: CPAP Compliance Download  
Quantity: 1  
Diagnosis Code: G47.33  
Order Date: 2025-04-24  
Signed By: Amy Diane Kelly, NP

Device Order 2:  
Order ID: 708800218  
Type: PAP Supplies  
Diagnosis Code: G47.33  
Quantity: 1  
Order Date: 2025-04-24

### ***Supplies***

Mask: Yes  
Tubing: Included (Yes), Type: DME choice, Codes: A7037, A4604  
Filters: Included (Yes), Type: Disposable, Code: A7038  
Chin Strap: No  
Length of Need: 99 months

### ***Signatures***

Signed By (Primary):  
Name: Amy Diane Kelly, NP  
NPI: 1578173555  
DEA: MK6112560  
Timestamp: 2025-04-24, 15:48 (CST)

Signed By (Supplies):  
Name: Amy Diane Kelly, NP  
NPI: 1578173555  
DEA: MK6112560  
Timestamp: 2025-04-24, 15:48 (CST)

### ***Patient Vitals***

Date: 2025-04-24, 15:05 (CST)  
Weight: 136 kg (300 lbs)

### ***Document Metadata***

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