



## DME/Medical Supply Request Form

Provider/Supplier Name: \_\_\_\_\_

Provider/Supplier Phone Number: (     ) \_\_\_\_\_ Fax Number: (     ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Member Name: \_\_\_\_\_ Recipient ID Number: \_\_\_\_\_

Prescribing Physician's Name: \_\_\_\_\_ Diagnosis Code(s): \_\_\_\_\_

1. <i>Office Use Only</i> <input type="checkbox"/> <i>covered**</i> <input type="checkbox"/> <i>not a benefit</i> <input type="checkbox"/> <i>requires review**</i>  <i>Claims /Clinical</i>	<b>Procedure/CPT Code:</b>  _____	<b>Service/Product Description:</b>  	<b>Quantity:</b>  <b>Acquired Cost:</b>  <b>Retail Cost:</b>
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Notes: \_\_\_\_\_

2. <i>Office Use Only</i> <input type="checkbox"/> <i>covered**</i> <input type="checkbox"/> <i>not a benefit</i> <input type="checkbox"/> <i>requires review**</i>  <i>Claims/Clinical</i>	<b>Procedure/CPT Code:</b>  _____	<b>Service/Product Description:</b>  	<b>Quantity:</b>  <b>Acquired Cost:</b>  <b>Retail Cost:</b>
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Notes: \_\_\_\_\_

3. <i>Office Use Only</i> <input type="checkbox"/> <i>covered**</i> <input type="checkbox"/> <i>not a benefit</i> <input type="checkbox"/> <i>requires review**</i>  <i>Claims/Clinical</i>	<b>Procedure/CPT Code:</b>  _____	<b>Service/Product Description:</b>  	<b>Quantity:</b>  <b>Acquired Cost:</b>  <b>Retail Cost:</b>
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Notes: \_\_\_\_\_

UPHP Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**\*\* All covered benefits must meet MUPC & MSA guidelines. If your request is determined to require review ( non-covered or miscellaneous code, on the penny fee schedule, or if you are not a participating provider), please FAX this form with supporting clinical documentation and pricing information to (906) 225-7690 for medical necessity review. Benefit verifications are not authorizations and do not guarantee payment.**



## PROVIDER DME/MEDICAL SUPPLY ROUTE COVER

- ❖ Cover sheet **MUST BE ATTACHED** when faxing a DME/Medical Supply Request Form.
- ❖ If the ITEM(S) is COVERED on the Michigan Dept of Community Health (MDCH) Fee Schedule, **DO NOT** fax UPHP the Request Form. *This form should not be used for covered codes.*
- ❖ **UPHP does not** use the PA column on the MDCH Fee Schedule.
- ❖ Choose from the exceptions below on why you need prior authorization.
- ❖ **A CURRENT PRESCRIPTION OR ORDER FROM THE PHYSICIAN IS REQUIRED ON ALL REQUESTS.**

*UPHP continues to follow the guidelines in the Medicaid Provider Manual (located on the same page as the Provider Specific Information - see below). The manual gives any additional requirements.*

### YOU NEED TO CHECK THE APPROPRIATE BOX(ES) BELOW

#### TO CLAIMS:

- ❖ **Include the acquired & retail cost** on ALL Penny Fee/Misc codes.  
(An example is the invoice or catalog page.)
  - ❖ **A current prescription** from the ordering physician is required.
  - ❖ A request to purchase an item that is listed as a rental or as a 10 month purchase on the MDCH website **MUST HAVE** current clinical documentation (i.e. progress notes from physician) included.
- Penny Fee/Miscellaneous code  $\leq$  \$250.00**
- Purchase Rental Item  $>$  \$100.00** (must include current clinical)

#### TO CLINICAL:

- ❖ **Include the acquired & retail cost** on ALL Penny Fee/Misc codes.  
(An example is the invoice or catalog page.)
  - ❖ **Include CURRENT supporting clinical documentation AND a prescription** from the ordering physician. (An example of supporting clinical would be progress notes from the physician. An Rx by itself is not clinical documentation.)
- Penny Fee/Miscellaneous code  $>$  \$250.00**
- Benefits Not Meeting MSA Limitations**
- Non Covered Code on MDCH Fee Schedule**
- Out of Plan Provider**
- Diagnosis code does not meet (1<sup>st</sup> three digits)**

### YOU MUST INCLUDE ALL DOCUMENTATION FOR REQUEST TO BE PROCESSED

To check the Michigan Medicaid Fee Schedule go to [www.michigan.gov/mdch/](http://www.michigan.gov/mdch/). Under Search enter, **Provider Specific Information**. Click on **MDCH- Provider Specific Inform**. Scroll down to **Medical Suppliers/DME Dealers** and click on the most current date. You can Search for the **Medicaid Provider Manual** the same way. Call if questions.

**UPHP Customer Service**  
**1-800-835-2556**