Government of the District of Columbia
Department of Health Care Finance
Fee-For-Service Medicaid Program

719A Prior Authorization Request

Patient			Prescribing Provider		Servicing Provider	
Beneficiary Name			Provider Name		Provider Name	
DCID Number			Provider Number	NPI	Provider Number	NPI
Address City, State, Zip			Address City, State, Zip		Address City, State, Zip	
Telephone Number	DOB	SEX	Telephone Number		Telephone Number	
Other Health Insurance Coverage			Requested Service		Beneficiary Location	
			Surgery ☐	DME ☐	Home ☐	
			Medical ☐	Pharmacy ☐	ICF/MR ☐	
			Dental ☐	Eyewear ☐	Nursing Home ☐	
Discharge Date:			Hospice ☐	Other ☐	Hospital ☐	

Requested Service Data					
Diagnosis Code	Procedure Code	Description of Services, DME and Supplies	Time Required	Frequency or Units	Estimated Charges

Justification

For Dental Use only

DENOTE TEETH ALREADY MISSING BY "X", TO BE EXTRACTED BY"?", X-RAYS TAKEN BY "V"

Q1				FACIAL								FACIAL						Q2
01	02	03	PRIMARY TEETH	04	05	06	07	08	09	10	11	12	13	PRIMARY TEETH	14	15	16	
R																	L	
I				A	B	C	D	E	F	G	H	I	J				E	
G				LINGUAL								LINGUAL					F	
H				T	S	R	Q	P	O	N	M	L	K				T	
T																		
32	31	30		29	28	27	26	25	24	23	22	21	20		19	18	17	
Q4				FACIAL								FACIAL					Q3	

A SIGNATURE OF THE REQUESTING PROVIDER- I CERTIFY THAT THE SERVICES REQUESTED ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THIS PATIENT AND THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE AND COMPLETE.

X_____

DATE

For DME and Home Care Use Only

I CERTIFY THAT THIS PATIENT HAD A FACE-TO-FACE ENCOUNTER WITH _____
ON _____ RELATED TO THE PRIMARY REASON THE PATIENT REQUIRES HOME HEALTH SERVICES.

X_____

DATE

Durable Medical Equipment Face to Face Regulations

☐ Any HCPCS code for the following types of DME: ++Transcutaneous Electrical Nerve Stimulation (TENS) unit ++Rollabout Chair ++Tranction-cervical ++Oxygen and Respiratory equipment ++Hosptal beds and accessories

☐ Any item of DME that appears on the DMEPOS Fee Schedule with a price ceiling at or greater than $1,000.

☐ Any other item of DME that CMS adds to the list of Specified Covered Items