Comagine Health

DME, Vision, and Hearing Service Provider Services Checklist

Review your DME, vision, and/or hearing service submissions to ensure you have:

- ☐ Completed the 719A Prior Authorization Request form, including required fields.
  - ☐ 1A–F, 2A–E, 3, 4, 5, 6, 8, 10, 13, and 15A–B
  - ☐ CPT and HCPCS codes
  - ☐ Physician's signature (not digital signature)
- ☐ The appropriate diagnosis and procedure codes.
- ☐ Attached or submitted supporting clinical information.
- ☐ For vision/eyewear, do you have a prescription that was written and signed within the past year?
- ☐ For an O2 request, do you have room air Sats and Sats with oxygen?
- ☐ For CPAP requests, please identify whether this is an initial request or ongoing and include any sleep study results.