FAX COVER SHEET

Attachments for Authorization Request for PASSR NF Specialized Services (NFSS)

NURSING FACILITY INFORMATION (REQUIRED):

DATE: _____

TIME: _____ (AM/PM)

FROM: _____

CONTACT NAME: _____

PROVIDER NUMBER: _____

VENDOR NUMBER: _____

No. PAGES:
(excluding cover) _____

SEND FAX COVER SHEET AND ATTACHMENT:

TO: LTC General Inquiries
FAX No.: 1-512-514-4223
FOR QUESTIONS REGARDING THIS FORM: PHONE No.: 1-800-626-4117 (Option 1)

To associate this attachment to the appropriate NFSS Request, the following section MUST be completed.

DLN: _____ **Only one (1) *DLN*** per fax cover sheet.

PTID: _____ **Only one (1) *PTID for Service/Item*** per fax cover sheet.

MEDICAID ID: _____

TYPE OF SERVICE/ITEM (Select only one):

- ☐ CMWC Assessment
- ☐ CMWC Service
- ☐ DME Assessment
- ☐ DME - Gait Trainer
- ☐ DME - Orthotic Device
- ☐ DME - Prosthetic Device
- ☐ DME - Positioning Wedge
- ☐ DME - Special Needs Car Seat or Travel Restraint
- ☐ DME - Specialized or Treated Pressure-Reducing Support Surface Mattress
- ☐ DME - Standing Board/Frame
- ☐ Occupational Therapy Assessment
- ☐ Occupational Therapy Service
- ☐ Physical Therapy Assessment
- ☐ Physical Therapy Service
- ☐ Speech Therapy Assessment
- ☐ Speech Therapy Service

IMPORTANT:

This fax cover sheet must be used when submitting attachments (signature sheets, receipt confirmation or MSRP quotes) associated to the Authorization Request for PASRR NF Specialized Services (NFSS) forms on the LTC Online Portal.

To ensure appropriate routing, all information must be provided as instructed above.