DURABLE MEDICAL EQUIPMENT and SUPPLIES / PROSTHETICS and ORTHOTICS PRICE RESEARCH REQUEST

Providers may use this form to request formal research of DMEPOS procedure codes where a rate has not been established by CMS. To initiate a price review for a covered code with or without an established state-based rate, complete this form and attach the most recent unaltered final purchase invoices and up to 15 total for the same procedure code. Mail the form and attached invoices to:

State of Alaska
DMEPOS Unit
4601 Business Park Blvd., Bldg. K
Anchorage, AK 99503

If the department elects to establish or revise a rate for the procedure code, the established rate will apply to future dates of service to be determined by the Department. Established or revised rates will not be applied to past dates of service.

Billing Provider Information	
Provider Name	Provider Alaska Medicaid ID
Provider Address	
Provider Contact Name and Telephone and Fax Numbers	

Claim Information
Date(s) of Service

Procedure Code Information		
Name of DME/POS Item		
Procedure Code	Acquisition Cost	Acquisition Date
Comments: Please provide any/all information you feel is pertinent to the rate review request.		

If you have received this in error, please mail to: State of Alaska, 4601 Business Park Blvd., Bldg. K, Anchorage, AK 99503