

MEDICARE-MEDICAID PLAN (MMP) OUTPATIENT AUTHORIZATION

All Part B Drug Requests: **Fax** 844-952-1490
 Expediated Requests: **Call** 855-580-1689
 Standard Requests: **Fax** 844-409-5557
 Behavioral Health Requests: **Fax** 833-419-0129
 Transplant Requests: **Fax** 833-769-1147

Request for additional units. Existing Authorization Units

For All Standard or Expediated Part B Drug Requests, please fax to 844-952-1490.

For Standard requests, complete this form and FAX to the appropriate department. Determination made as expeditiously as the enrollee's health condition requires, but no later than **14** calendar days after receipt of request.

For Expedited requests, please CALL 855-580-1689. Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID*

Last Name, First

Date of Birth* (MMDDYYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI*

Requesting TIN*

Requesting Provider Contact Name

Requesting Provider Name

Phone

Fax*

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

Servicing NPI*

Servicing TIN*

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

AUTHORIZATION REQUEST

If this request is for a Part B DRUG, please fax to 844-952-1490.

Primary Procedure Code* (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Start Date OR Admission Date* (MMDDYYYY)

Diagnosis Code* (ICD-10)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

End Date OR Discharge Date (MMDDYYYY)

Total Units/Visits/Days

OUTPATIENT SERVICE TYPE*

(Enter the Service type number in the boxes)

- | | | | | |
|---|---|--|--------------------------|----------------------------------|
| 199 Adult Day Care | 390 Hospice Services | 212 Therapy Evaluation | Behavioral Health | |
| 422 Biopharmacy (fax to 844-952-1490) | 290 Hyperbaric Oxygen Therapy | 790 Occupational Therapy | | 510 BH Medical Management |
| 401 Cardiac/Pulmonary Rehab | 141 Imaging | 101 Physical Therapy | | 530 BH PHP |
| 712 Cochlear Implants & Surgery | 729 Neuropsychological Testing | 701 Speech Therapy | | 512 BH Community Based Services |
| 299 Drug Testing | 410 Observation | 993 Transplant Evaluation | | 514 BH Day Treatment |
| 725 Emergency Response-Installation | 997 Office Visit/Consult | 209 Transplant Surgery | | 515 BH Electroconvulsive Therapy |
| 340 Emergency Response-Monthly Rental | 794 Outpatient Services | 724 Transportation | | 519 BH Outpatient Therapy |
| 922 Experimental & Investigational Services | 171 Outpatient Surgery | | | 520 BH Professional Fees |
| 205 Genetic Testing & Counseling | 202 Pain Management | | | 521 BH Psychological Testing |
| 755 Habilitation | 470 Personal Care Worker Services | DME | | 522 BH Psychiatric Evaluation |
| 249 Home health | 650 Radiation Therapy | 417 Rental <input type="text"/> | | |
| 225 Home Meals | 107 Respite Care | 120 Purchase <input type="text"/> (Purchase Price) | | |
| 104 Home Modifications | 201 Sleep Study | | | |
| 685 Homemaker services | 901 Specialized Medical Equipment/Supplies-Home Medical Equipment | | | |

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.

COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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