



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 |
| 422 Biopharmacy (fax to 844-952-1490) | 290 Hyperbaric Oxygen Therapy | 790 Occupational Therapy |
| 401 Cardiac/Pulmonary Rehab | 141 Imaging | 101 Physical Therapy |
| 712 Cochlear Implants & Surgery | 729 Neuropsychological Testing | 701 Speech Therapy |
| 299 Drug Testing | 410 Observation | 993 Transplant Evaluation |
| 725 Emergency Response-Installation | 997 Office Visit/Consult | 209 Transplant Surgery |
| 340 Emergency Response-Monthly Rental | 794 Outpatient Services | 724 Transportation |
| 922 Experimental & Investigational Services | 171 Outpatient Surgery | |
| 205 Genetic Testing & Counseling | 202 Pain Management | |
| 755 Habilitation | 470 Personal Care Worker Services | |
| 249 Home health | 650 Radiation Therapy | |
| 225 Home Meals | 107 Respite Care | |
| 104 Home Modifications | 201 Sleep Study | |
| 685 Homemaker services | 901 Specialized Medical Equipment/Supplies-Home Medical Equipment | |

Behavioral Health

- 510 BH Medical Management
- 530 BH PHP
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 521 BH Psychological Testing
- 522 BH Psychiatric Evaluation

Are services needed for discharge planning? YES NO

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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