

MEDICARE-MEDICAID PLAN (MMP) OUTPATIENT AUTHORIZATION

Request for additional units. Existing Authorization

Units

For Standard requests, complete this form and FAX to 1-844-503-8866. 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 1-855-735-4398. 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

Primary Procedure Code * (CPT/HCPCS)	Additional Procedure Code (CPT/HCPCS)	Start Date OR Admission Date * (MMDDYYYY)	Diagnosis Code * (ICD-10)
Additional Procedure Code (CPT/HCPCS)	Additional Procedure Code (CPT/HCPCS)	End Date OR Discharge Date (MMDDYYYY)	Total Units/Visits/Days

OUTPATIENT SERVICE TYPE *

(Enter the Service type number in the boxes)

- 422 Biopharmacy
- 401 Cardiac Pulmonary Rehab
- 420 Pulmonary Rehab
- 299 Drug Testing
- 709 Genetic Testing
- 249 Home Health
- 225 Home Meals
- 729 Neuropsych Testing

- 410 Observation
- 794 Outpatient Services
- 171 Outpatient Surgery
- 997 Office Visit/Consult (non par only)
- 202 Pain Management
- 201 Sleep Study
- 617 Non-Emergent Medical
Transportation-Ambulance Only
- 290 Hyperbaric Oxygen Therapy

DME (Orthotics and Prosthetics)

- 417 Rental
- 120 Purchase
(Purchase Price)

Therapy

- 790 Occupational
- 101 Physical
- 701 Speech

Outpatient Services Example:
-Skin Debridement/wound care

Home Health Example:
-Skilled Nursing Visits



**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.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.