

MEDICARE-MEDICAID PLAN (MMP) OUTPATIENT AUTHORIZATION

All Part B Drug Requests: **Fax** 1-844-941-1331
 Expedited Requests: **Call** 1-855-735-4398
 Standard Requests: **Fax** 1-844-503-8866
 Transplant Requests: **Fax** 1-833-414-1670

Request for additional units. Existing Authorization Units

For All Standard or Expedited Part B Drug Requests please FAX to 1-844-941-1337

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 gain 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 1-844-941-1337

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)

- 412 Auditory
- 401 Cardiac/Pulmonary Rehab
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental & Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home Health
- 927 Hospice Outpatient
- 395 Infertility Diagnosis or Treatment
- 211 OB Ultrasound
- 410 Observation
- 724 Transportation
- 422 Biopharmacy (fax to: 1-844-941-1331)

- 997 Office Visit/Consult
- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 650 Radiation Therapy
- 201 Sleep Study
- 209 Transplant Surgery
- 993 Transplant Evaluation

DME (Orthotics and Prosthetics)

- 417 Rental
- 120 Purchase (Purchase Price)

Therapy

- 212 Evaluation
- 790 Occupational
- 101 Physical
- 701 Speech
- 650 Radiation
- 290 Hyperbaric Oxygen

Behavioral Health

- 510 Medical Management
- 530 PHP
- 512 Community Based Services
- 514 Day Treatment
- 515 Electroconvulsive Therapy
- 519 Outpatient Therapy
- 520 Professional Fees
- 522 Psychiatric Evaluation

Home Health Example:
-Skilled Nursing Visits

Outpatient Services Example:
-Skin Debridement/wound care

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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