



# MEDICARE-MEDICAID PLAN (MMP) OUTPATIENT AUTHORIZATION

SOUTH CAROLINA

All Part B Drug Requests: **Fax** 1-844-941-1331  
Expedited Requests: **Call** 1-855-735-4398  
Standard Requests: **Fax** 1-844-503-8866  
Behavioral Requests: **Fax** 1-833-325-1827  
Transplant Requests: **Fax** 1-833-414-1670

Request for additional units. Existing Authorization  Units

**For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department above.** 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) 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)

- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental & Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home Health
- 225 Home Meals
- 290 Hyperbaric Oxygen Therapy
- 395 Infertility Diagnosis or Treatment
- 729 Neuropsychological Testing
- 410 Observation
- 997 Office Visit/Consult
- 422 Biopharmacy (Please fax to 1-844-941-1331)

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 650 Radiation Therapy
- 201 Sleep Studies
- 790 Occupational Therapy
- 101 Physical Therapy
- 701 Speech Therapy
- 212 Therapy Evaluation
- 993 Transplant Evaluation
- 724 Transportation
- 209 Transplant Surgery

### Behavioral Health

- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 510 BH Medical Management
- 519 BH Outpatient Therapy
- 530 BH Partial Hospitalization Program (PHP)
- 520 BH Professional Fees
- 521 BH Psychological Testing

### DME

- 417 DME - Rental
- 120 DME - Purchase

Purchase Price

**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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