

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 *
(MDDYYYY)

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 * Additional Procedure Code Start Date OR Admission Date * Diagnosis Code *
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)

Additional Procedure Code Additional Procedure Code End Date OR Discharge Date Total Units/Visits/Days
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY)

OUTPATIENT SERVICE TYPE *

(Enter the Service type number in the boxes)

- 422 Biopharmacy
- 401 Cardiac Pulmonary Rehab
- 299 Drug Testing
- 709 Genetic Testing
- 249 Home Health
- 712 Cochlear Implants & Surgery
- 922 Experimental & Investigational Services
- 211 OB Ultrasound

- 410 Observation
- 794 Outpatient Services
- 171 Outpatient Surgery
- 997 Office Visit/Consult
- 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.

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