

# MEDICARE-MEDICAID PLAN (MMP) OUTPATIENT AUTHORIZATION

All Part B Drug Requests: **Fax** 1-844-941-1329  
 Expedited Requests: **Call** 1-866-389-7690  
 Standard Requests: **Fax** 1-877-861-6722  
 Transplant Requests: **Fax** 1-833-974-3116

Request for additional units. Existing Authorization  Units

**For All Standard or Expedited Part B Drug Requests please FAX to 1-844-941-1329.**

**For Standard requests, complete this form and FAX to 1-877-861-6722.** 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 1-866-389-7690** 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 1-844-941-1329.

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)

- 401 Cardiac/Pulmonary Rehab
- 712 Cochlear Implants & Surgery
- 922 Experimental & Investigationsal Services
- 205 Genetic Testing & Counseling
- 249 Home Health
- 927 Hospice Outpatient
- 290 Hyperbaric Oxygen Therapy
- 729 Neuropsychological Testing
- 724 Transportation
- 112 Nutritional Supplements and/or Services
- 211 OB Ultrasound
- 790 Occupational Therapy
- 709 Genetic Testing- For Genetic Testing

- 202 Pain Management
- 650 Radiation Therapy
- 427 Rehab
- 201 Sleep Study
- 212 Therapy Evaluation
- 101 Physical Therapy
- 701 Speech Therapy
- 660 Hearing Aide
- 299 Drug Testing

- 724 Transportation
- 112 Nutritional Supplements and/or Services
- 211 OB Ultrasound
- 410 Observation
- 997 Office Visit/Consult
- 419 Transplant Work Up
- 209 Transplant Surgery
- 794 Outpatient Services
- 171 Outpatient Surgery
- 422 Biopharmacy (please fax to 1-844-941-1329)

### Behavioral Health

- 510 BH Medical Management
- 512 BH Community Based Services
- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy (IOP)
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 521 BH Psychological Testing
- 522 BH Psychiatric Evaluation
- 530 BH Partial Hospitalization Program

### DME (Orthotics and Prosthetics)

711 Rental

700 Purchase  (Purchase Price)

**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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