



# MEDICARE-MEDICAID PLAN (MMP) OUTPATIENT AUTHORIZATION

Expedited requests: **Call** 1-866-246-4359  
Standard Requests: **Fax** to 1-877-861-6722

Request for additional units. Existing Authorization

Units

**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 1-866-246-4359.** 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)
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## 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

<b>OUTPATIENT SERVICE TYPE*</b>		(Enter the Service type number in the boxes)	
422 Biopharmacy	794 Outpatient Services	<b>Therapy Services</b>	
401 Cardiac Pulmonary Rehab	171 Outpatient Surgery	790 Occupational	
420 Pulmonary Rehab	927 Outpatient Hospice (Medicaid Only)	101 Physical	
712 Cochlear Implant Surgery (Medicaid Only)	997 Office Visit/Consult (non par only)	701 Speech	
299 Drug Testing	617 Non-Emergent Medical	<b>Therapy Evaluation (Medicaid Only)</b>	
709 Genetic Testing	Transportation-Ambulance Only	279 Occupational	
799 Genetic Counseling (Medicaid Non-Par Only)	290 Hyperbaric Oxygen Therapy	971 Physical	
249 Home Health	410 OB Ultrasound (Medicaid Non-Par Only)	127 Speech	
225 Home Meals	<b>DME (Orthotics and Prosthetics)</b>	<b>Outpatient Services Example:</b>	
729 Neuropsych Testing	417 Rental	<b>-Skin Debridement/wound care</b>	
121 Long Term Acute Care	120 Purchase	<b>Home Health Example:</b>	
410 Observation (only >48 hrs)	(Purchase Price)	<b>-Skilled Nursing Visits</b>	
202 Pain Management			
201 Sleep Study			

**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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