

# 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                  | 422 Biopharmacy (please fax to 1-844-941-1329) |
| 712 Cochlear Implants & Surgery              | 724 Transportation                             |
| 660 Hearing Aide                             | 112 Nutritional Supplements and/or Services    |
| 299 Drug Testing                             | 211 OB Ultrasound                              |
| 922 Experimental & Investigationsal Services | 410 Observation                                |
| 205 Genetic Testing & Counseling             | 997 Office Visit/Consult                       |
| 249 Home Health                              | 419 Transplant Work Up                         |
| 927 Hospice Outpatient                       | 209 Transplant Surgery                         |
| 290 Hyperbaric Oxygen Therapy                | 650 Radiation Therapy                          |
| 729 Neuropsychological Testing               | 427 Rehab                                      |
| 794 Outpatient Services                      | 201 Sleep Study                                |
| 171 Outpatient Surgery                       | 212 Therapy Evaluation                         |
| 202 Pain Management                          | 790 Occupational Therapy                       |
|  | 101 Physical Therapy                           |
|  | 701 Speech Therapy                             |

### DME (Orthotics and Prosthetics)

- 711 Rental
- 700 Purchase

(Purchase Price)

**Are services needed for discharge planning?**  YES  NO

**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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