



# OUTPATIENT AUTHORIZATION

## MICHIGAN

All Medicare Part B Drug Requests: **Fax 844-930-4394**  
Expedited Requests: **Call 855-445-3571**  
Standard Requests: **Fax 844-930-4389**  
Transplant Requests: **Fax 833-733-0318**  
Behavioral Health Requests: **Fax 833-728-0124**

☐ Request for additional units. Existing Authorization  Units

**For Standard requests, complete this form and FAX to the appropriate department.** Determination made as expeditiously as the enrollee's health condition requires, but no later than 7 calendar days after receipt of request.

**For Expedited requests, please CALL 1-855-445-3571.** 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)

422 Biopharmacy (fax to 844-930-4394)  
401 Cardiac/Pulmonary Rehab  
712 Cochlear Implants & Surgery  
682 Community Transition  
299 Drug Testing  
725 Emergency Response - Installation  
340 Emergency Response - Monthly Rental  
922 Experimental & Investigational Services  
205 Genetic Testing & Counseling  
660 Hearing Aide  
249 Home Health  
657 Home Health Waiver  
201 Sleep Study  
724 Transportation

225 Home Meals  
104 Home Modifications  
390 Hospice Services  
290 Hyperbaric Oxygen Therapy  
410 Observation  
997 Office Visit/Consult  
794 Outpatient Services  
171 Outpatient Surgery  
202 Pain Management  
650 Radiation Therapy  
107 Respite Care  
993 Transplant Evaluation  
209 Transplant Surgery  
310 Vision

### 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 (IOP)  
520 BH Professional Fees  
521 BH Psychological Testing  
522 Psychiatric Evaluation  
530 BH Partial Hospitalization Program

### DME (Orthotics and Prosthetics)

417 Rental  
120 Purchase

(Purchase Price)

**Are services needed for discharge planning?**

☐

YES

☐

NO

### Therapy

212 Therapy Evaluation  
790 Occupational Therapy  
101 Physical Therapy  
701 Speech Therapy

**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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