

# MEDICARE-MEDICAID PLAN(MMP) OUTPATIENT AUTHORIZATION

MICHIGAN

All Medicare Part B Drug Requests: **Fax** 844-930-4394  
 Expedited Requests: **Call** 855-323-4578  
 Standard Requests: **Fax** 844-930-4389  
 Transplant Requests: **Fax** 833-733-0318

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 14 calendar days after receipt of request.

**For Expedited requests, please call 855-323-4578.** 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)       | 225 Home Meals                |
| 401 Cardiac/Pulmonary Rehab                 | 104 Home Modifications        |
| 712 Cochlear Implants & Surgery             | 390 Hospice Services          |
| 682 Community Transition                    | 290 Hyperbaric Oxygen Therapy |
| 299 Drug Testing                            | 410 Observation               |
| 725 Emergency Response - Installation       | 997 Office Visit/Consult      |
| 340 Emergency Response - Monthly Rental     | 794 Outpatient Services       |
| 922 Experimental & Investigational Services | 171 Outpatient Surgery        |
| 205 Genetic Testing & Counseling            | 202 Pain Management           |
| 660 Hearing Aide                            | 650 Radiation Therapy         |
| 249 Home Health                             | 107 Respite Care              |
| 657 Home Health Waiver                      | 993 Transplant Evaluation     |
| 201 Sleep Study                             | 209 Transplant Surgery        |
| 724 Transportation                          | 310 Vision                    |

### DME (Orthotics and Prosthetics)

417 Rental  
 120 Purchase  
  
 (Purchase Price)

### Therapy

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

Are services needed for discharge planning?  YES  NO



**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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