



OUTPATIENT AUTHORIZATION

MICHIGAN

All Medicare Part B Drug Requests: **Fax 844-235-5090**
Expedited Requests: **Call 855-445-3571**
Standard Requests: **Fax 844-930-4389**
Transplant Requests: **Fax 833-733-0319**
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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