



By
 meridian.

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** 833-733-0119
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 * 		Date of Birth *  (MMDDYYYY)					
Last Name, First 							
REQUESTING PROVIDER INFORMATION							
Requesting NPI * 		Requesting TIN * 		Requesting Provider Contact Name 			
Requesting Provider Name 		Phone 		Fax * 			
SERVICING PROVIDER / FACILITY INFORMATION							
 <input type="checkbox"/> 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* <input type="checkbox"/> (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? <input type="checkbox"/> YES <input type="checkbox"/> 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.							

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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 approval.

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