



# AUTHORIZATION REQUEST FORM

Medicaid/Marketplace Exchange/Essential Plan/CHP/Gold	Fax 212-908-8521/8522	Medicare	Fax 212-908-4401
Personal Care Services & Adult Day Health Care	Fax 212-908-5237	SNF/Rehab/LTAC/Homecare	Fax 212-908-3023
DME Requests submit to Integra (for all LOBs except MLTC)	Fax 212-908-5185	General Inquiries	Call 800-303-9626
DME Requests for MLTC ONLY (MLTC)	Fax 212-908-5282	Form Download Link	<a href="http://www.metroplus.org">www.metroplus.org</a>

**Authorization/Tracking #:** \_\_\_\_\_ **E-Power Cert #:** (if applicable) \_\_\_\_\_

<input type="checkbox"/> New request for services	<input type="checkbox"/> Request for additional services	<input type="checkbox"/> Request to extend date(s) on a current authorization period
<input type="checkbox"/> Prior Authorization Request	<input type="checkbox"/> Concurrent Request	<input type="checkbox"/> Retrospective Request (services were already rendered)
<input type="checkbox"/> Standard Request	<input type="checkbox"/> Expedited Request (must have a life-threatening condition or an imminent danger to the member's health or the expedited review request is subject to denial and determination will be made within the standard timeframe)	

## MEMBER INFORMATION

Member Name:	Member ID #:	Member Date of Birth:
Member's Address:		
ICD-10 Diagnosis Code(s):		

## PROVIDER INFORMATION

Servicing Provider Name:	Provider ID # / Tax ID or NPI:
Provider Fax #:	Provider Phone #:
Provider Address:	
Provider Contact Name and direct extension: (if applicable)	

## SERVICE INFORMATION

Requested Dates of Service: From:	To:	Number of visits requested: (if applicable)
CPT/HCPS Codes Requested:		

### INPATIENT (Select from Below)

- Elective Admission (21)
- Emergency/Acute Admission (21)
- Acute Rehabilitation (21)
- Skilled Nursing Facility (31)
- Long Term Care (31/32/33)
- Hospice Acute Hospital (21/34)
- Hospice Skilled Nursing Facility (31/32/33/34)

### OUTPATIENT (Select from Below)

- Office (11)
- Outpatient Hospital (19/22)
- Ambulatory Surgery (24)
- Observation (22)
- Dialysis (65)
- Durable Medical Equipment (DME) (12)
- Genetic Testing (Prenatal PAR Lab: No Auth Required) (81)
- Home Care (for agencies only) (12)
- Hospice Home Care (12/34)
- Home Infusion Services (12)
- PT/OT/ST/Chiropractor (11/19/22)
- Transportation- Medicare (41/42)
- Personal Care Services/Adult Day Health Care (attach M11Q)

### Comments:

- Please fax this form along with supporting clinical documentation to the appropriate fax number above (corresponding to the service type).
- Please allow 3 business days for processing of initial requests, 1 business day for processing of concurrent requests and 30 days for processing of retrospective requests. Incomplete or illegible forms will delay the determination.