



SUPERIOR HEALTHPLAN STAR+PLUS MEDICARE-MEDICAID PLAN (MMP) OUTPATIENT AUTHORIZATION FORM

Complete and Fax to:
1-877-808-9368

Incontinence Supplies Fax:
1-800-690-7030

Request for additional units. Existing Authorization Units

STANDARD: Standard authorization decisions will be made no later than 3 business days after receipt of the request for service.

EXPEDITED: Expedited service authorizations decisions will be made no later than one business day after the receipt of the request for service.

EXPEDITED REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN.

* 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 As of 10/01/2015, only ICD-10 codes are accepted.

Primary Procedure Code* Additional Procedure Code Start Date OR Admission Date* Diagnosis Code*
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-9/ICD-10)
Additional Procedure Code Additional Procedure Code End Date OR Discharge Date Total Units/Visits/Days
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY)

OUTPATIENT SERVICE TYPE*

(Enter the Service type number in the boxes)

422 Biopharmacy
401 Cardiac Pulmonary Rehab

794 Outpatient Services
171 Outpatient Surgery
997 Office Visit/Consult (non par only)
202 Pain Management
420 Pulmonary Rehab
201 Sleep Study

650 Radiation Therapy
617 Non-Emergent Medical
Transportation-Ambulance Only

DME (Orthotics and Prosthetics)

417 Rental
120 Purchase \$
(Purchase Price)

299 Drug Testing
709 Genetic Testing
249 Home Health
729 Neuropsych Testing
410 Observation (only > 24hrs)

Therapy

790 Occupational
101 Physical
701 Speech

Outpatient Services Examples:
- Skin Debridement/Wound Care
- Hyperbaric Oxygen Therapy

Home Health Examples:
- Skilled Nursing Visits
- Home Health Aid

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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