



# AUTHORIZATION REQUEST FORM

**GENERAL INQUIRIES: Call 800-303-9626**

Medicaid/Marketplace Exchange/Essential Plan/CHP/Gold	Fax 212-908-8521/8522	Medicare/FIDA	Fax 212-908-4401
Personal Care Services & Adult Day Health Care	Fax 212-908-5237	SNF/Rehab/LTC/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	www.MetroPlus.org

**A Authorization/Tracking # on File:**     -     -     -     (leave blank if new request)

**E-Power Cert #:** \_\_\_\_\_ (applicable for E-Power generated cases only)

<input type="checkbox"/> Urgent Request	<input type="checkbox"/> New Request	<input type="checkbox"/> Pre-Cert (Future DOS)
<input type="checkbox"/> PAR Provider	<input type="checkbox"/> Authorization Extension	<input type="checkbox"/> Concurrent (Current DOS)
<input type="checkbox"/> Non-PAR Provider	<input type="checkbox"/> Additional Clinical Information (sections <b>B &amp; C</b> <u>not</u> required)	<input type="checkbox"/> Retro (Past DOS)

Name (Fax Sent From)		Date of Request
Contact Number (Provider Phone & Fax number)		Date of Service
Member Name		Provider Name
Member ID #		Provider Address
Member Date of Birth		Tax ID & NPI
ICD 10 Codes	CPT/HCPCS Codes	MR#

**Level of Service**

**INPATIENT** (Select From Below)

**OUTPATIENT** (Select From Below)

<input type="checkbox"/> Precertification Elective Inpatient Admission (21) <input type="checkbox"/> Emergency/Acute Inpatient Admission (21) <input type="checkbox"/> Acute Rehabilitation (21) <input type="checkbox"/> Skilled Nursing Facility (31) <input type="checkbox"/> Long Term Care (31/32/33) <input type="checkbox"/> Hospice Acute Hospital (21/34) <input type="checkbox"/> Hospice Skilled Nursing Facility (31/32/33/34)	<input type="checkbox"/> Ambulatory Surgery (Non-PAR) (24) <input type="checkbox"/> Ambulatory Surgery (Plastic Surgery, Erectile Dysfunction, Capsule Endoscopy) <input type="checkbox"/> Dialysis (Non-PAR) (65) <input type="checkbox"/> Durable Medical Equipment (DME) (12) <input type="checkbox"/> Genetic Testing (Prenatal PAR Lab: No Auth Required) (81) <input type="checkbox"/> Home Care (For Agencies Only) (12) <input type="checkbox"/> Home Infusion Services (12)	<input type="checkbox"/> Hospice Home Care (12/34) <input type="checkbox"/> Observation (22) <input type="checkbox"/> Office (Non-PAR) (11) <input type="checkbox"/> Outpatient Hospital (Non-PAR) (19/22) <input type="checkbox"/> Outpatient PT/OT/ST/Chiropractor (11/19/22) <input type="checkbox"/> Personal Care Services/Adult Day Health Care (attach M11Q) <input type="checkbox"/> Transportation – Medicare/FIDA (41/42)
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**B Comments:**

**PLEASE ATTACH CLINICAL INFORMATION WITH REQUEST**