



160 Water Street, 3<sup>rd</sup> Floor  
 New York, NY 10038  
 (855) 355-MLTC [6582]  
 TTY: (800) 881-2812  
 FAX: (212) 908-5282

**Managed Long Term Care Plan  
 Prior Authorization Request Form**

Initial Service Request

Continued Service Request

**Form Must Be Filled Out Completely and Legibly**

**PATIENT/MEMBER INFORMATION**

MetroPlus Member Name (Last, First, M.I.):	MetroPlus Member ID#:	Date of Birth (mm/dd/yyyy):
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**PROVIDER INFORMATION**

Provider Name:	Address (City, State, Zip Code):	Phone # (Include area code):
Provider Tax ID #:	Provider NPI #:	Fax #:

**HOME CARE/PERSONAL CARE SERVICES**

ICD-9 Code(s) and Descriptions:	CPT/HCPCS Code(s) and Descriptions:
Last Date of Authorization (mm/dd/yyyy):	All prior visits used? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO If No, How many remain?
# of visits requested (Check All Applicable):	
<input type="checkbox"/> SN	<input type="checkbox"/> PT
<input type="checkbox"/> HHA	<input type="checkbox"/> OT
<input type="checkbox"/> MSW	<input type="checkbox"/> SP
<input type="checkbox"/> Nutritionist	

**DME**

ICD-10 Code(s) and Descriptions:	
CPT/HCPCS Code(s) and Descriptions	Quantity

**OTHER PRIOR AUTH SERVICES**

ICD-9 Code(s) and Descriptions:	CPT/HCPCS Code(s) and Descriptions:	
Provider Name:	Phone# (include area code):	Tax ID or NPI#:
	Fax#:	

- This form is to be filled out in its entirety for initial/concurrent requests; please fax to (212) 908-5282.
- All requests for services require additional clinical information to support the requested service(s) including but not limited to: History & Physical, previous diagnostic tests, and consultation reports.
- For continued services, please fax supporting clinical information to include the number of additional visits, date of visit, and progress report to (212)908-5282.
- Authorization of service does not guarantee payment. Reimbursement of claims is subject to member eligibility and benefit coverage.