



# 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 & I	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	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"/> New Request <input type="checkbox"/> Authorization Extension <input type="checkbox"/> Additional Clinical Information	<input type="checkbox"/> Standard Request <input type="checkbox"/> Expedited Request (Life Threatening or Imminent threat to health of the member) <input type="checkbox"/> Par Provider <input type="checkbox"/> Non-Par Provider
--	---

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

## Level of Service

### INPATIENT (Select From Below)

- Precertification Elective Inpatient Admission (21)
- Emergency/Acute Inpatient 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)

- Ambulatory Surgery (Non-PAR) (24)
- Ambulatory Surgery (Plastic Surgery, Erectile Dysfunction, Capsule Endoscopy)
- Dialysis (Non-PAR) (65)
- Durable Medical Equipment (DME) (12)
- Genetic Testing (Prenatal PAR Lab: No Auth Required) (81)
- Home Care (For Agencies Only) (12)
- Home Infusion Services (12)
- Hospice Home Care (12/34)
- Observation (22)
- Office (Non-PAR) (11)
- Outpatient Hospital (Non-PAR) (19/22)
- Outpatient PT/OT/ST/Chiropractor (11/19/22)
- Personal Care Services/Adult Day Health Care (attach M11Q)
- Transportation – Medicare/FIDA (41/42)

**B**  
**Comments:**

PLEASE ATTACH CLINICAL INFORMATION WITH REQUEST