GENERAL AUTHORIZATION REQUEST FORM

Please fax this form along with supporting clinical documentation to the appropriate fax number below (corresponding to the service type).
Please do not use this form for outpatient therapy or home care. Please go to the form download link to retrieve the appropriate forms for these services.

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**	**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**

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

REQUEST TYPE

☐ **Preauthorization:** New request for services not previously approved, prior to service date	☐ **Concurrent:** Request for additional services for a service previously approved (ongoing care)	☐ **Retrospective:** Request for services already rendered without prior authorization

☐ **Standard** • Preauthorization = 3 business days • Concurrent = 1 business day • Retrospective = 30 calendar days	☐ **Expedited:** The expedited review request is subject to denial if there is no documented life-threatening condition or imminent danger to the member's health. If a request to expedite a review is denied, a determination will be made within the standard timeframe. Retrospective reviews are not eligible for expedited review.

MEMBER INFORMATION

Name:	ID#:	Date of Birth:
Street Address:		
ICD-10 Diagnosis Codes(s):		

PROVIDER INFORMATION

Name:	ID#/TIN/NPI:	
Street Address:		
Phone Number:	Fax Number:	Contact Name:

REQUESTED SERVICE INFORMATION

Dates of Service	From:	To:	# of visits (if applicable):

CODE	QUANTITY/UNITS	CODE	QUANTITY/UNITS	CODE	QUANTITY/UNITS

PLACE OF SERVICE

INPATIENT
☐ 13 Assisted Living Facility
☐ 21 Inpatient Hospital
☐ 31 Skilled Nursing Facility
☐ 32 Nursing Facility
☐ 33 Custodial Care Facility
☐ 34 Hospice Revenue Code _____

ADMISSION TYPE
☐ Elective Admission
☐ Emergent Admission
☐ Custodial Care
☐ Long-Term Placement

OUTPATIENT
☐ 02 Telehealth- Not in the home
☐ 03 School
☐ 04 Homeless Shelter
☐ 10 Telehealth- In the Home
☐ 11 Office
☐ 12 Home
☐ 13 Assisted Living Facility
☐ 14 Group Home
☐ 15 Mobile Unit
☐ 19 Off-Campus Outpatient Hospital
☐ 20 Urgent Care Facility
☐ 22 On Campus- Outpatient Hospital
☐ 23 Emergency Room- Hospital
☐ 24 Ambulatory Surgical Center
☐ 25 Birthing Center
☐ 34 Hospice Revenue Code _____
☐ 41 Ambulance- Land
☐ 42 Ambulance Air or Water
☐ 49 Independent Clinic
☐ 50 Federally Qualified Health Ctr
☐ 65 ESRD Treatment Facility
☐ 81 Independent Laboratory
☐ 99 Other