



GENERAL AUTHORIZATION REQUEST FORM

Medicaid/Marketplace Exchange/Essential Plan/CHP/Gold	Fax 212-908-8521/8522	Medicare	Fax 212-908-4401
Medical Inpatient	Fax 212-908-8524	SNF/Rehab/LTAC/Skilled Homecare	Fax 212-908-3023
DME Requests submit to Integra (for all LOBs except MLTC)	Fax 212-908-5185	Outpatient Therapy/Chiropractic	Fax 212-908-3730
DME Requests for MLTC ONLY (MLTC)	Fax 212-908-5282	General Inquiries	Call 800-303-9626

Authorization/Tracking #: _____ **Alternate Cert #:** (if applicable) _____

New request for services Request for additional services Request to extend date(s) on a current authorization period

Prior Authorization Request Concurrent Request Retrospective Request (services were already rendered)

Standard Request Expedited Request (must have a life-threatening condition or an imminent danger to the member's health or the expedited review request is subject to denial and determination will be made within the standard timeframe)

MEMBER INFORMATION

Member Name: _____ Member ID #: _____ Member Date of Birth: _____
Member's Address: _____
ICD-10 Diagnosis Code(s): _____

PROVIDER INFORMATION

Servicing Provider Name: _____ Provider ID # / Tax ID or NPI: _____
Provider Fax #: _____ Provider Phone #: _____
Provider Address: _____
Provider Contact Name and direct extension: (if applicable) _____

SERVICE INFORMATION

Requested Dates of Service: From:	To:	Number of visits requested: (if applicable)
CPT/HCPS Codes Requested:		

INPATIENT (Select from Below)

- Elective Admission (21)
- Emergency/Acute 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)

- Office (11)
- Outpatient Hospital (19/22)
- Ambulatory Surgery (24)
- Observation (22)
- Dialysis (65)
- Durable Medical Equipment (DME) (12)
- Genetic Testing (Prenatal PAR Lab: 81)
- Home Care (for agencies only) (12)
- Hospice Home Care (12/34)
- Home Infusion Services (12)
- PT/OT/ST/Chiropractor (11/19/22)
- Transportation- Medicare (41/42)
- Personal Care Services/Adult Day Health Care (attach M11Q)

Comments:

- Please fax this form along with supporting clinical documentation to the appropriate fax number above (corresponding to the service type).
- Please allow 3 business days for processing of initial requests, 1 business day for processing of concurrent requests and 30 days for processing of retrospective requests. Incomplete or illegible forms will delay the determination.