



MEDICAL PRIOR AUTHORIZATION REQUEST FORM

NOTE: PLEASE ATTACH SUPPORTING CLINICAL INFORMATION WITH ALL REQUESTS
INCOMPLETE INFORMATION MAY DELAY PROCESSING OF REQUEST

FAX TO: 617-951-3464 (initial requests); 617-951-3461 (additional clinical information); 617-951-3463 (emerg. and inpt)

Member Information

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_ BMCHP ID #: \_\_\_\_\_

Submitted by / Sender Information

Submitted by: \_\_\_\_\_ Phone # (direct line): \_\_\_\_\_ Fax #: \_\_\_\_\_
Who sent in the form?

Provider Information

Requesting Provider Name: \_\_\_\_\_ NPI #: \_\_\_\_\_ PCP Specialist

Servicing Provider Name: \_\_\_\_\_ NPI #: \_\_\_\_\_

Servicing Provider Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
Where will member be seen?

Servicing Facility Name: \_\_\_\_\_ NPI #: \_\_\_\_\_

Requested Services

Office Visit / Consult: Primary Care OB: EDC (required) Specialist: Type:
Visit Date: # Visits: Last Visit Date: Diagnosis Code(s): CPT Code(s):

Surgery: Inpatient Outpatient Post-op Observation: hours Scheduled date:
Diagnosis Code(s): CPT Code(s):

Outpatient Rehab: PT: # visits Date range: OT: # visits Date range:
ST: # visits Date range:
Diagnosis Code(s): CPT Code(s):

Home Health Care: RN: # visits Date range: PT: # visits Date range:
OT: # visits Date range: ST: # visits Date range:
SW: # visits Date range: HHA: # visits Date range:
Other: # visits Date range:
Specify type
Diagnosis Code(s): CPT Code(s):

Table with 5 columns: DMEPOS\*\*, HCPCS Code, Modifier, Description, Quantity (Units/Calories), Cost. Includes a note: For DMEPOS provider requests and requests for oral enterals by any provider, contact Northwood at 866-802-6471 for authorization.

Additional Comments:

The number you will receive from the BMC HealthNet Plan Prior Authorization Department is a reference number; it is not a guarantee of payment. Payment is based upon eligibility of the member on the date of service, verification of the service as a covered benefit, and medical necessity. Submission of cost or charge information does not guarantee payment at those rates. The Plan reimburses providers based on MassHealth rates unless otherwise contractually specified. Member line ph# 888-566-0010 (MassHealth) or 877-957-5300 (Commonwealth Care); Provider line ph# 888-566-0008