HEALTH PLAN

PROVIDER REFERRAL FORM REQUEST FOR PRE-AUTHORIZATION

Member's Plan

Fax: (810)600-7959
Medicaid ______
Healthy Michigan_____

Fax: (810)600-7966
HMO Commercial/ Community__________
POS Commercial/ Community __________
Health Advantage_____

Member First		Date of Request:
Member Last Name:	DOB:	Member ID:

Ordering Provider Information:

Name:		Specialty:
Address:		City:
Phone:	Fax:	Zip:
Office Contact Name:		

Member is being referred to:

Name:		Specialty:
Address:		City/Zip:
Phone:	Fax:	Billing NPI *(required)*: TIN:
Office Contact Name:		

Check Requested Service** ***(see back of form for complete list by product):

__**Out-of-Network Consult**
Physician Name:
Billing NPI*(required)*:
Specialty:
Notes:
# of visits:
ICD-10:

__**Outpatient Ambulatory Procedure****
Performing Surgeon Name :
Billing NPI*(required)*:
Facility Name:
Date of Procedure:
ICD-10:
Procedure Codes:

__**Inpatient Procedure**
Performing Surgeon Name:
Billing NPI*(required)*:
Facility Name:
Date of Procedure:
ICD-10:
Procedure Codes:

__**Therapy**
(4/1/18 Medicaid visit limit of 36 annual visits each of PT/OT/ST)
ICD-10:
Start of Care:
PT: # of visits: ______
ST: # of visits: ______
OT: # of visits: ______

__**Home Health Care**
ICD-10:
Start of Care:
SN: # of visits: ______
PT: # of visits: ______
OT: # of visits: ______
ST: # of visits: ______

__**DME** *(Attach Medical Necessity)*
ICD-10:
DME Codes:
Rental: ____
Purchase: ____

__**Hospice**
ICD-10:
Certification Period:

__**Injectable/IV Therapy**
See Referral Category "Specialty Medications/Injections"
ICD-10:
J-Codes:

Notes:

1. ***Please see the Preauthorization grid for a detailed listing of services requiring pre-authorization by product.**
2. For Medicaid, McLaren HMO/POS, McLaren Advantage: If a specialist is completing this form, you must notify the PCP of services requested.
3. This authorization is for the services requested. The actual procedure codes billed may require additional documentation for reimbursement.
4. **List of outpatient codes requiring pre-authorization may be found on MclarenHealthPlan.org
5. **This pre-authorization is not guarantee of payment. Please contact McLaren Health Plan to verify eligibility and covered benefits.**

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