

Note: Retroactive requests are not eligible for medical necessity review and authorization.

FAX STANDARD, ADMISSION, LEVEL OF CARE CHANGE, DISCHARGE ORDER, UPDATED AND PRIORITY FORMS TO 1-866-464-5709

SERVICE REQUESTED (PLEASE NOTE, SIGNED PHYSICIAN ORDER AND CLINICAL NOTES REQUIRED FOR ALL REQUESTS):

- SURGERY/PROCEDURE
- Inpatient
 - Outpatient
 - Office
 - ASC
- HOME HEALTH
- DME
- OUTPATIENT THERAPY
- OUTPATIENT DIAGNOSTIC TESTS
- LEVEL OF CARE CHANGE
- DISCHARGE ORDERS
- INPATIENT ADMISSION
- OTHER

Call PROVIDER SERVICES for eligibility, benefits and authorization status at 1-866-553-5705.

CONFIDENTIAL HEALTH INFORMATION

This message, including attachments, may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this message is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this message is prohibited. If you have received this message in error, please notify the sender by replying to this message and destroy this message immediately.

This certification is based upon medical necessity and eligibility and is not a guarantee of payment.

In compliance with HIPAA Privacy Regulations Code Section 164.530 (c) (2): to safeguard protected health information.

MEDICAL NECESSITY FORM

Date of Request: ____/____/____
MM DD YYYY

You can also submit a request through the Provider Portal at www.peopleshealth.com/providerportal.

Requests for oral chemotherapy drugs, injectable chemotherapy, cancer-supportive drugs and therapeutic radiopharmaceuticals must be submitted online to the Optum® Cancer Guidance Program. Visit www.peopleshealth.com/procauth for information on how to submit.

Choose the appropriate option:

- STANDARD:** Requests not requiring prioritization (decision made ASAP but no later than 14 days)
- ADMISSION, LEVEL OF CARE CHANGE OR DISCHARGE ORDER:** Requests will be reviewed promptly; call to provide notification: **1-877-346-5707**
- CLINICAL UPDATE/ADDITIONAL INFORMATION:** Request changes to or provide additional information for a submitted request, including date of service or procedure code changes

If request requires prioritization because service is scheduled or needs to be scheduled within two to seven business days, check here

If request is medically urgent and a delay of more than three days could put patient's life, health or ability to regain maximum function in serious jeopardy, and physician believes request should be expedited, check here and fax form to 1-866-799-5713.

Provide any additional information: _____

Must submit only documentation pertaining to the service(s) listed on this form.

Support Documentation: Check all that apply for the service(s) listed (signed physician order and clinical notes, including a diagnosis that supports your request, are required for all services).

All applicable boxes and fields must be checked/completed. Incomplete forms delay processing.

- Clinical Notes Diagnostic Tests Signed Physician Order
- Medications Laboratory Results Other: _____

Date of Service:

Service scheduled? YES NO Scheduled/anticipated date: ____/____/____
MM DD YYYY

Patient Information:

Plan Member ID # _____

Patient Name _____ Date of Birth ____/____/____
MM DD YYYY

Additional Information: Height _____ Weight _____ BMI _____

Requesting Provider:

Name _____ Specialty _____

Office Contact _____

Phone _____ Fax _____

Servicing Provider:

Name _____ Specialty _____

Office Contact _____

Phone _____ Fax _____

Place of Service (facility name, DME vendor, etc.) _____

ICD Diagnosis Code(s) _____

Service(s) Requested _____

Procedure Code(s) CPT-4 _____

Describe Medical Necessity of Service(s) _____

**MEDICAL NECESSITY REVIEW IS REQUIRED
FOR THE SERVICES LISTED BELOW***

These services are screened against InterQual criteria, Medicare guidelines and/or Peoples Health policy. **There are exceptions—procedures associated with certain categories in this list do not require authorization.** Use the Authorization Requirements Search at www.peopleshealth.com/procauth to determine requirements. Search by selecting a place-of-service code and inputting a CPT code. **You can also submit an authorization request through our Provider Portal at www.peopleshealth.com/providerportal, instead of using this form.**

In general, keep in mind:

- Signed physician order and clinical notes are required for all requests for medical necessity review
- Services utilizing an unlisted CPT or HCPCS code require medical necessity review

1. All inpatient admissions**2. All outpatient surgical procedures, including amputations****3. Allergy testing****4. Ambulance services, nonemergency****5. Cosmetic and experimental procedures****6. Diagnostic and exploratory procedures****7. DME including but not limited to lancets and test strips**

Note: Indicate testing frequency.

8. Enhanced external counterpulsation (EECP)**9. Fertility procedures****10. Genetic testing****11. Home health****12. Injections, including the following:**

- BOTOX
- SYNVISC (ORTHOVISC or similar injections for osteoarthritis)
- Spider vein
- Epidural steroid
- All injections related to chemotherapy and dialysis (e.g., PROCRIT, LUPRON)**

13. Laser treatment to eyes for elective procedures**14. Myocardial perfusion test beyond coverage guidelines (once every 12 months)****15. Outpatient therapies, including the following:**

- Physical
- Occupational

c. Speech

d. Dialysis (to include all treatment)

e. Radiation

f. Respiratory

g. Hyperbaric

16. PET scans and PET fusions**17. Preventive services provided beyond Medicare coverage guidelines, including but not limited to the following:**

- Bone mass measurement, DEXA scan – one every 24 months
- Colorectal cancer screening
 - Flexible sigmoidoscopy – one every 48 months
 - Fecal occult blood test – one every 12 months
 - Screening colonoscopy – one every 24 months
- Pap smear, pelvic exam – one every 12 months
- Prostate cancer screening – one every 12 months
- Screening mammogram – one every 12 months

18. Select Medicare Part B-covered drugs

View our formulary at www.peopleshealth.com/formulary to determine if a drug requires medical necessity review; a downloadable Prior Authorization PDF will appear in the search results for those drugs that do.

19. Sleep studies**20. Transplant evaluations and all related treatment****21. Vascular procedures****22. Wound care treatment****23. Chemotherapy (to include all treatment)******24. Unlisted codes, drugs and procedures**

All services that cannot be provided in network must be reviewed for medical necessity. Procedures that do not require initial medical necessity review must still meet InterQual criteria, Medicare guidelines and/or Peoples Health policy, and are subject to retrospective review.

*If your contract with Peoples Health specifies that different or additional services than those listed on this form require medical necessity review, your contract preempts this list.

** Requests for injections related to chemotherapy should be submitted to the Optum® Cancer Guidance Program through MBMNow.