Outpatient Authorization Request Form

MASS ADVANTAGE

Guidelines

For information on medical and drug (Part A and B) prior authorization requirements, please visit our Provider Forms and Resources page.

PREAUTHORIZATION REQUESTS (PRESERVICE)

- Preservice should be submitted at least two weeks prior to the date of service or facility admission.
- **If the servicing provider is not part of the Mass Advantage network, please submit this form with a letter of medical necessity (including clinical documentation) explaining why the service(s) can only be provided by an out-of-network specialist.**
- For Part D drug preauthorization, visit https://MassAdvantage.com/providers/resources under the "Pharmacy Benefits" section.

RETROSPECTIVE AUTHORIZATION REQUESTS (POSTSERVICE)

- It is very important that prior authorization procedures are followed for services that require prior authorization. If the referring network provider fails to follow prior authorization protocols, Mass Advantage may decline to pay the claim in which case participating providers will be held financially responsible for services received by the member.
- For more information, visit Authorization and Notification Procedures.
- **Participating providers** seeking retrospective authorization for a Mass Advantage member must file a claim for that service, wait for the claim denial, and then submit a **Provider Request for Claim Review Form (Contracted)**. Please visit our Provider Forms and Resource Page for forms.
- **Non-participating providers** seeking retrospective authorization for a Mass Advantage member must file a claim for service, wait for the claim denial, and then initiate the claim appeal process on behalf of the member. Submit a **Provider Request for Claim Review Form (Non-Contracted)**, the appeal process cannot begin without a signed Waiver of Liability Form included in the claim review form. Please visit our Provider Forms and Resource Page for forms.

FORM SUBMISSION INSTRUCTIONS

- **All fields are required.** Incomplete forms cannot be processed. Please include supporting clinical documentation.
- Authorization requests and approvals are not a guarantee of payment.

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MASS ADVANTAGE

Fax your completed request to (888) 656-7783 or call (866) 312-8467.

1 Priority Level

Date of Service / /

☐ Standard Request

☐ Expedited Request* - May take 24 Hours (Part B Drugs) to 72 Hours (Part C Services)

*You can ask for an expedited request if you or your doctor believe your health could be seriously harmed by waiting up to 14 days for a decision. You cannot request an expedited review if you are asking us to pay you back for a medical service/item you've already received.

If Prior Authorization is not required for the requested service, do you require an organizational determination? ☐ Yes ☐ No

2 Member Information

First Name	Last Name
Member ID	**Date of Birth**
	/ /

3 Requestor Contact Information

Name	Phone Number/Ext.
Fax Number	**Alternate Contact**

4 Physician

Name	NPI
Address	**TIN**
Phone	**Fax**
Specialty	☐ In-Network ☐ Out-of-Network ☐ In-Network Payment Rate

5 Facility/Agency/Place of Service/Ambulatory Surgery Center

Name	NPI
Address	**TIN**
Phone	**Fax**
Type	☐ In-Network ☐ Out-of-Network ☐ In-Network Payment Rate

6 Requested Services

- ☐ Ambulance (Air/Ground)
- ☐ Cardiac Rehabilitation
- ☐ Diagnostic Outpatient
- ☐ Durable Medical Equipment (>$500 Medicare allowable)
- ☐ Genetic Testing
- ☐ Home Infusion Therapy
- ☐ Outpatient Procedures
- ☐ Partial Hospitalization Program (PHP)
- ☐ Pharmaceutical (Part B Drugs)
- ☐ Pulmonary Rehabilitation
- ☐ Prosthetics/Orthotics (>$500 Medicare allowable)
- ☐ Other: _____

ICD10 Codes	CPT/HCPC Codes

If you have a Reconsideration (Appeal) request, please contact us at (866) 312-8467.