BOSTON MEDICAL CENTER HealthNet Plan

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; 617-951-3463 - emergency and inpatient

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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/Group Name: _____/_____ NPI #: _____
Individual's name and group name if affiliated with multiple groups

Servicing Provider Address: _____ Phone #: _____ Fax #: _____
At what address will member be seen?

Servicing Facility Name:_____ NPI #: _____

Requested Services

Office Visit / Consult: □ Primary Care □ OB: EDC (required) _____ □ Specialist: Type: _____

Visit Date: Scheduled: _____ Most Recent: _____ # Visits: _____ *Required* Codes: Diagnosis: _____ CPT: _____

Surgery: □ Inpatient □ Outpatient □ Post-op Observation: _____hours Scheduled date: _____

Required Codes: Diagnosis: _____ CPT: _____

Outpatient Rehab: □ PT: # visits _____ Date range: _____ □ OT: # visits _____ Date range: _____

□ ST: # visits _____ Date range: _____

Required Codes: Diagnosis: _____ CPT: _____

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

Required Codes: Diagnosis: _____ CPT: _____

DMEPOS**: HCPCS Code Modifier Description Quantity (Units/Calories) Cost

_____

_____

****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.

Member service ph# 1-888-566-0010 (MassHealth); 1-877-957-5300 (Commonwealth Care); 1-877-492-6967 (Commercial)
Provider line ph# 1 -888-566-0008