

Fax WITH MEDICAL NOTES TO: (866) 420-4842

Utilization Management: (866) 690-4842 ext. 2989

AUTHORIZATION WILL NOT BE PROCESSED WITHOUT
MEDICAL NOTES SUPPORTING REQUEST

Expedited/STAT Request = Date of Service > 72 hours would seriously jeopardize the life/health of the member

Physician must document reason why the standard review time frame could seriously jeopardize the life or health of the member: _____

DME & Home Health Requests must include Member's Address & Phone; Fax to EMP: (800) 228-1958

Requesting Provider Information

Requesting Physician _____ Phone #: (_____) _____

Contact Person: _____ Fax #: (_____) _____

Member Information

Name: _____ ID # _____

DOB: _____ Dx: _____

*Address: _____ *Phone: _____

(*Required for DME/Home Health/Supplies delivered to member)

Service

Service Requested: _____ Outpatient Inpatient

Place of Service (if facility) _____ TIN _____

Physician: _____ Out-of-Network Provider
(No Contracted Provider Available)

Date of Service (if known): _____ **(NO RETRO DATES)** Number of visits: _____

Medicare Masterpiece HMO--Please submit medical records for the following service requests:

Out-of-Network services/out of area
Procedures performed in a Surgery Center (See guidelines for exclusions)
Therapy services > 9 visits (PT/OT/ST, Rehab.); ALL EECF
Sleep Studies (except split-night – CPT 95811)
Elective/Non-urgent inpatient admissions
Wound Care (Home or Hospital)
Infusions of Chemotherapy & specialty/biologic drugs (See guidelines)
DME and Home Health Care (fax request to EMP)
Mental Health Services – Mental Healthnet (MHN) - (See guidelines)

All Hospital services (in/outpatient, incl. diag. testing)
Skilled Nursing Facility admissions
PET/Angiography/CT Angiography (CTA)
Pain Management Treatment
Plastic/Cosmetic Procedures/ MOHS Surgery
Orthotics/Prosthetics (excl. stabilizing casts & splints)
Dialysis
Implantable devices/pumps/stimulators
Ophthalmology Procedures - See separate guidelines
on website (www.univhc.com)

Medicare Masterpiece PPO (IN-NETWORK PROVIDERS ONLY) - AUTHORIZATION IS REQUIRED:
All hospital-based procedures/services/diagnostic testing * Skilled Nursing Facilities
Organ Transplants * PET Scans * Motorized wheelchairs/Scooters * Dialysis

Masterpiece PLUS & PFFS ("Any, Any, Any Plan") - NO Authorizations required for ANY service