



# UNIVERSAL U-FIRST PLAN – MEDICAID HMO AUTHORIZATION REQUEST FORM



Fax WITH MEDICAL NOTES TO: 1-866-420-4842

Utilization Management: 1-866-690-4842 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: 1-800-228-1958\**

## 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: \_\_\_\_\_

### Please submit medical records for the following service requests:

- Out-of-network services/out of area
- Any procedures performed in a hospital or surgery center
- PT / OT / ST, excluding evaluations
- EECF
- Sleep studies
- Cancer treatment
- Wound care (Home or Hospital)
- Ophthalmology procedures (See Guidelines)
- Implantable devices/pumps/stimulators
- Dialysis
- Any hospital service/diagnostic testing/admission
- SNF admissions
- CT / Nuclear Medicine / MRI / MRA / PET/ Angiography
- Pain management treatment
- Plastic/Cosmetic procedures (including MOHS surgery)
- Orthotics / Prosthetics (excludes stabilizing splints)
- All durable medical equipment and home health care - fax to EMP 1-800-228-1958
- IM / IV /subcutaneous infusions / injection
- Mental Health Services – MHN (Mental Healthnet) – (See Guidelines)

**\*Open access and authorization is not a guarantee of payment for services provided by a hospital or physician. Payment is subject to member benefit at the time that service is rendered. For questions concerning benefits, please contact Member Services @ 1-866-690-4842.**