McLaren HEALTH PLAN

McLaren Health Plan
Pre-Authorization Request Form

Clinical documentation to support medical necessity must be provided when services are requested.

Urgency

__ Standard/Routine ***(All non-urgent authorization requests are processed within 14 days of receipt.)***

__ Urgent: ***By selecting urgent, I certify this request is urgent and medically necessary to treat an injury, illness or condition within 72 hours to avoid complications and unnecessary suffering or severe pain. Please provide the physician's reason for the urgency.***

Name of physician certifying urgency (Required):

_____

Member's Plan (Required)

__ CSHCS/Medicaid/Healthy Michigan

__ McLaren Health Plan Community

__ McLaren Health Advantage

__ McLaren DirectCare with Roundstone

Member's Information (Required)

Insurance ID: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Referring Provider Information (Required)

Name: _____ Office Contact: _____

Address: _____

Phone Number: _____ Fax Number: _____

Rendering Provider/Facility Information (Required)

__Outpatient Services ***____Inpatient Services***

Provider 1: _____ Billing NPI: _____

Provider 2: _____ Billing NPI: _____
(if needed)

Facility: _____ Billing NPI: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

Requested Service (Required)

ICD-10 Diagnosis Code: _____ HCPCS/CPT Codes: _____

Date of Appointment: _____ Number of Visits: _____

Additional HCPCS/CPT Codes or Comments:

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Requested Service-Pharmacy (Required)

ICD-10 Diagnosis Code: _____ HCPCS/CPT Codes: _____

Medication Name: _____ Dosage: _____

Treatment Start Date: _____ Treatment End Date: _____

Frequency: _____

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1. ***Please see the Preauthorization grid for a detailed listing of services requiring pre-authorization by product.**
2. For Medicaid, McLaren HMO/POS, McLaren Advantage: If a specialist is completing this form, you must notify the PCP of services requested.
3. This authorization is for the services requested. The actual procedure codes billed may require additional documentation for reimbursement.
4. **List of outpatient codes requiring pre-authorization may be found on MclarenHealthPlan.org
5. **This pre-authorization is not guarantee of payment. Please contact McLaren Health Plan to verify eligibility and covered benefits.**

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