

**FAX COMPLETED FORM WITH SUPPORTING MEDICAL DOCUMENTATION TO:
844-328-5952**

SECTION 1 - MEMBER INFORMATION

First Name:	Last Name:	Date of Birth:	Medicare ID:
--------------------	-------------------	-----------------------	---------------------

SECTION 2 – HEALTHCARE PROVIDER INFORMATION

Referring Provider Name:	Referring Provider Specialty:
Office Phone #:	Referring Provider Fax #:
Servicing Provider:	Servicing Provider NPI #:
Office Phone #:	Servicing Provider Fax #:

SECTION 3 – REQUEST INFORMATION

New Request – No auth required for in-network Outpt Rehab initial visit. Auth required for all HH.

Request for Additional Visits – Previous Auth # (if requesting add'l visits):

All requests must be accompanied by progress notes and updated treatment plan.

Diagnosis Code(s):	Service Date Range: _____
---------------------------	----------------------------------

Additional Comments:

SECTION 4 – APPROVAL INFORMATION
(For UM Health Advantage Use Only)

Authorization #:	Approval Date Range: _____
-------------------------	-----------------------------------

Approval Date:	Reviewer/Approver:
-----------------------	---------------------------

SECTION 5 – VISIT INFORMATION

- CPT codes are not required. Authorization of these services assumes that you will bill with codes billable under the current Medicare Fee Schedule. Please contact your Provider Relations representative if you have any questions.

Type of Service	# of Visits Requested	# Visits Approved (For UM Health Advantage Use Only)
<input type="checkbox"/> Skilled Nursing		
<input type="checkbox"/> Physical Therapy		
<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Speech Therapy		
<input type="checkbox"/> MSW Visits		
<input type="checkbox"/> Home Infusion*		

***Provide infusion units for drug, hydration, NOC, etc. being requested.**

SECTION 7 – URGENT REQUEST

Could the member's health be harmed by waiting 48 hours for a decision on this request?

Yes, then please call 1-800-730-8543 for expedited review.

No

If you need to speak to a Utilization Management Representative, call 1-800-730-8543 Option "1"
SERVICES ARE NOT CONSIDERED AUTHORIZED UNTIL UNIVERSITY OF MARYLAND HEALTH ADVANTAGE ISSUES AN APPROVAL. This authorization does not guarantee payment of claim.
All authorizations are subject to eligibility requirements and benefit plan limitations.