

Prior Authorization Request

For Durable Medical Equipment/Orthotics & Prosthetics (DME/O&P) Items and Services



All durable medical equipment, and orthotic and prosthetic items or services require prior authorization to be rendered.

Submit this completed form to **authorizationrequest@mvphealthcare.com** or fax it to the MVP Utilization Management Department at **1-888-452-5947**. All supporting medical documentation and/or any additional pertinent information should be included when submitting this form.

Section 1: MVP Member Information

(*Required)

Member Name*	Date of Birth*	MVP Member ID No.*
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Is this Request a clinical emergency?* Yes No

Section 2: Requesting Provider Information

(*Required)

Provider Name*	NPI No.*	Tax ID No.*	Phone No.*
Street Address*	City*	State*	Zip Code*
MMIS No. (Medicaid/Child Health Plus Only)	Fax No.*		

Section 3: DME/O&P Provider Information

(*Required)

Provider Name*	NPI No.*	Tax ID No.*	Phone No.*
Street Address*	City*	State*	Zip Code*
MMIS No. (Medicaid/Child Health Plus Only)	Fax No.*		

Date Service is to be Rendered <input type="checkbox"/> To be Determined	ICD-10 Code(s)*
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HCPC Code(s)	Description	HCPC Code(s)	Description

Item/Service Description (check all that apply) Custom Diabetic Respiratory Routine/Other Orthotic & Prosthetics

Additional information

Name of Individual Completing Request*	Phone No.*	Existing Authorization?*
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment for services/items dispensed will be denied when prior authorization is not obtained. The Member may not be billed under these circumstances. Call **1-800-684-9286** for DME/O&P-related questions. The DME Prior Authorization Code list is available at mvphealthcare.com/providers, select *Reference Library* then *Utilization Management*.