Minnesota Department of **Human Services**

DHS-4695-ENG 9-14

Minnesota Health Care Programs (MHCP)

Authorization Form

DOCUMENT CONTROL NUMBER (FOR INTERNAL USE ONLY)

Send to: Medical Review Agent
7900 International Plaza Drive, Suite 988
Bloomington, MN 55425
Fax: 1-866-889-6512

For physician administered drugs (J-codes) send all supporting documentation by fax or mail to:

MHCP Prescription Drug Prior Authorization Review Agent
c/o Health Information Designs, Inc.
391 Industry Drive
Auburn, AL 36832
Fax: 866-648-4574

Requestor Information

REQUESTOR NAME	REQUESTOR PHONE NUMBER	REQUESTOR AFFILIATION (check one) (for drug authorization only)
	- -	◯ Pharmacy ◯ Prescriber

Authorization Information

AUTHORIZATION TYPE	CHANGE TO EXISTING AUTHORIZATION	START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)
◯ Medical Services ◯ Medical Equipment/Supplies	☐ Change for PA# ____________		

Pay-to Provider Information

PAY-TO PROVIDER NAME			
ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	FAX NUMBER	NPI/UMPI	TAXONOMY CODE
- -	- -		

Recipient Information

LAST NAME	FIRST NAME	MI	ID NUMBER	DATE OF BIRTH (MM/DD/YYYY)

Ordering/Referring Provider Information

NAME	NPI/UMPI	PHONE NUMBER	FAX NUMBER
		- -	- -

Service Line Information

PROCEDURE CODE	MODIFIER (UP TO 4)	DIAGNOSIS CODE(S)	MODEL NUMBER

START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)	RATE/CHARGE	QTY/UNITS	RENDERING PROVIDER NPI/UMPI	TOTAL AMOUNT

SERVICE DESCRIPTION/COMMENTS

PROCEDURE CODE	MODIFIER (UP TO 4)	DIAGNOSIS CODE(S)	MODEL NUMBER

START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)	RATE/CHARGE	QTY/UNITS	RENDERING PROVIDER NPI/UMPI	TOTAL AMOUNT

SERVICE DESCRIPTION/COMMENTS

Include supporting documentation as necessary.	SIGNATURE	DATE

For more than two services or line items, submit additional Service Line Information on separate pages.

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LAST NAME	FIRST NAME	MI	ID NUMBER	DATE OF BIRTH (MM/DD/YYYY)

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MHCP Authorization Form Instructions

Complete one form per recipient.

Requestor Information

Requestor Name: Enter the first and last name of the person requesting this authorization.

Requestor Phone Number: Enter the requestor's phone number.

Requestor Affiliation: For physician administered drug authorizations, select whether the requestor is affiliated with a pharmacy or prescriber.

Authorization Information

Authorization type: Place an "X" in the appropriate Authorization Type box.

Change to existing Authorization: If you are making a change to an existing authorization, mark the Change for PA # box and print the 11-digit authorization number you wish to update.

Start date: Enter the first date of service (MM/DD/YYYY) for this authorization request. If approved, this will be the effective date of the authorization. If service has already been provided, enter the date the service began.

End date: Enter the last date of service (MM/DD/YYYY) for the authorization request. If service has already been provided and will not continue, enter the last date the service was provided.

Pay-to Provider Information

Pay-to Provider Name: Enter the name of the pay-to provider for the service.

Address: Enter the provider's street address, city, state and zip code. For consolidated providers, enter the address for the location where the service was performed.

Phone Number: Enter the provider's phone number.

Fax Number: Enter the provider's fax number.

NPI/UMPI: Enter the provider's NPI/UMPI.

Taxonomy Code: For consolidated providers, enter the provider's taxonomy code, when applicable.

Recipient Information

Last name: Enter the recipient's last name.

First name: Enter the recipient's first name.

MI: Enter the recipient's middle initial (if known).

ID Number: Enter the recipient's 8-digit MHCP ID number.

Birthdate: Enter the recipient's birth date in MM/DD/YYYY format.

Ordering/Referring Provider Information

Name: Enter the name of the provider who ordered, referred or prescribed the service.

NPI/UMPI: Enter the provider's 10-digit NPI or UMPI.

Phone Number: Enter the provider's phone number.

Fax Number: Enter the provider's fax number.

Service Line Information

Procedure code: Enter the appropriate CPT/HCPCS code for the procedure/service you are requesting for authorization.

Modifier: Enter any appropriate CPT/HCPCS modifier(s) for the procedure/service you are requesting for authorization.

Diagnosis code(s): Enter the recipient's ICD diagnosis code(s) relevant to the procedure/service for which you are requesting authorization.

Model number: If you are requesting authorization for a medical supply, enter the model number or UPC. If the medical supply does not have a model number or UPC, leave blank.

Start date: Enter the first date of service (MM/DD/YYYY) for the procedure listed.

End date: Enter the last date of service (MM/DD/YYYY) for the procedure listed.

Rate: Enter your usual and customary charge or requested rate of payment per unit.

QTY/Units: Enter the total number of procedure/service units.

Rendering provider NPI/UMPI: Enter the 10-digit NPI or UMPI of the rendering provider if different than the NPI/UMPI listed under Provider Information above.

Total amount: Enter the total reimbursement amount (rate multiplied by qty/units) you are requesting for this service.

Service description/comments: Enter comments and/or description of the service to be provided.

Sign and date the form.

View general Claims Submission guidelines and refer to MHCP authorization policies.