

**Durable Medical Equipment (DME)
Medicare Advantage Prior Authorization
Request Form — Fax: 866-874-0857**

Prior authorization required for any single item \$500 and over.

ONLY COMPLETED FORMS CAN BE PROCESSED

Harvard Pilgrim reserves the right to request additional clinical information.
Incomplete forms or lack of supporting documentation may delay response time.

Please check the box below only if request meets the definition of "expedited."

- Expedited: Medicare defines expedited requests as those where "applying the standard time for making a determination could seriously jeopardize the enrollee's health, life, or ability to regain maximum function."

Patient Information	Person Completing Form				
Patient name:	Name:				
HPHC member ID #:	Phone #:				
Date of birth:	Fax #:				
Requesting Provider	Servicing Provider/Facility				
Last name:	Last name:				
First name:	First name:				
Title (NP, PA):	Title (NP, PA):				
HPHC provider ID #:	Address:				
NPI #:					
Date of service:	HPHC provider ID # <i>(if known)</i>				
Diagnosis:	Tax ID #:				
ICD-10 code:					
Service type: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation/ER <input type="checkbox"/> Other	Number of visits/units requested:				
Service location:	Authorization type:				
Procedure code(s)					
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If you have any questions about this process, please contact the Medicare Advantage Provider Service Center at
888-609-0692.

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