Administrative Uniformity Committee

AGENDA – MEDICAL CODE TECHNICAL ADVISORY GROUP (MCT)
Tuesday, October 29, 2013
8:00 a.m. to 12:00 p.m.
Location: HealthPartners, 8170 Building, Bloomington, room 13S - Sequoia

Teleconference Information:

Call-in line: 1-605-475-5950

Participant Access Code: 337213#

Callers are responsible for any long distance charges.

Webex Information

1. To start the webex session, go to: https://health-state-mn-ustraining.webex.com.
2. Under "Attend a Session "click "Live Sessions"
3. Click on the session for "AUC Medical Code TAG"
4. Provide your name, email address, and the following password: Mct2010! (Note: the password must be typed in; it cannot be cut and pasted. The exclamation point is part of the password)
5. Click "Join now"

1. **Welcome and Introductions**
   - **Attendance tracking: Deb Sorg** deb.a.sorg@healthpartners.com
   - **Membership request and/or updates: Deb Sorg** deb.a.sorg@healthpartners.com
2. **Review of Antitrust Statement**
3. **Review of last meeting's minutes** – August 8, 2013
4. **Minnesota Uniform Companion Guide** – comment review and guide update
5. **Freestanding Birth Centers – Newborn Care Billing -** Teresa Schaffer, BCBSMN – see SBAR

   The proposal is to allow newborn charges to be billed for commercial plans and add these instructions to the Companion Guide.

6. **MN Universal OP MH/CD Health Authorization Form – Faith Bauer, BCBSM** – see comments

8/8/13: The SBAR request was to update the Minnesota Universal Outpatient Mental Health/Chemical Dependency Health Authorization was discussed. There were a number of suggestions made and questions raised regarding the use of this form and by whom. Phasing out the form was suggested because providers can provide this information on the 278 transaction. Prior to an agreement being reached or further work, action items were generated to determine the appropriate response to the SBAR: • MCT members (payers) will check within their organization to determine if they are using or requiring the form and if not, what are they using for prior authorizations • MCT members (providers) – will check to determine what they are sending for MH/CH for referrals and prior authorizations. • All members are to submit their findings to Faith for discussion at the September 12 meeting. During the break, Deb Sorg learned that HealthPartners accepts the form in addition to others, and that the Minnesota Health Plan is in the process of updating the form as well. Dave H. will follow-up with MHP to clarify ownership/responsibility for the form and status.	**OPEN**

Post meeting, Judith Blyth provided the link attached is the prior auth form HCMC uses in adult psychiatry: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4424-ENG	

7. Modifier 52 Usage – Sue Adams, UCare – see comments

8/8/13: SBAR requests that MCT clarify and reach an agreement for the appropriate use for Modifier 52. Providers are billing E/M codes with Modifier 52. Further research will be conducted by the following MCT members and presented at next MCT TAG meeting (9/12): Lisa will research American Medical Association to clarify if modifier 52 can be used with reduced service modifier 90212. Carolyn will contact the MN Ophthalmology association to clarify 90212 and 90214 use of modifiers. Barb will consult with Joanne Wolf to clarify C&TC language – Chapter 18 WPS Medicare does not require modifier 52. Judy sent inquiry to NGS regarding. Is it appropriate to use 52 with C&TC?	**OPEN** **See** – Modifier 52 Usage – Research and Responses document

8. Doulas – Shawnet Healy, DHS

8/8/13: Effective July 4, 2014, Medicaid will allow services by certified doulas – childbirth education and support services (throughout entire pregnancy). Look at legislation) 148.995, subd. 2. The MN for Better Birth Coalition will meet Sept 23 at DHS. Some of the issues that will need to be addressed are the POS, provider type, what codes and revenue codes, medical professional or educational – payment ($250-$1,000). What is scope of practice? Members suggested to keep; it simple- one place of service; scope of practice DONA is national organization who designates certification. There are two types of doulas: Birth Doula Post-partum Doula Dave suggested Shawnet use the revised decision draft and will forward copy of decision tree to MCT.	**OPEN**

9. Additional Agenda Items

- Next meeting scheduled December 12, 2013, 8:00-11:00, 6W Sequoia, HealthPartners, 8170 Building, Bloomington
- TREATS

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, August 8, 2013, 9 a.m. to 12 p.m.
Location of Meeting – HealthPartners
Meeting Minutes

Minutes By: Judy Edwards, Dave Haugen, Faith Bauer

Agenda Item	Discussion	Action/Follow-up:
1. Welcome and Introductions • Attendance tracking	Introductions completed by members in attendance and those participants on the telephone. Deb Sorg tracks attendance. If calling into the meeting, please send an email to Deb Sorg at deb.a.sorg@healthpartners.com . Include your name, organization and if you are calling in for another person within your organization Members should provide Deb Sorg with email address changes and new members contact information. .	Completed.
2. Antitrust Statement	Reviewed – available on AUC website.	No discussion.
3. Review of last meeting's Minutes	Minutes for July 11 meeting approved	Minutes will be sent to MDH for posting on AUC MCT website
4. AUC MCT Webpage Update – Barb Hollerung	TAG reviewed changes made at June's meeting and voted to approve revisions to the MCT home page.	Closed
5. Legislative TAG review of the ASA - Dave Haugen, MDH	Dave provided overview of ASA statute which needs updating and changes to bring statute current. He reported that members of the Legislative TAG are currently reviewing the ASA, particularly Minnesota Statutes 62J50-61, have made suggestions for technical changes, removing archaic and obsolete language, e.g., references to paper for now electronic transactions. Legislative TAG meetings have been scheduled for August 12 and August 21; the meetings are open and anyone can attend. Recommendations for ASA revisions will be technical, non-controversial changes. Dave encouraged the MCT to review and forward any suggested changes to Judy or Dave. Next step How will it directly impact MCT? Looking for help how to improve the statute and seeking input to improve. A great deal will have to be deleted.	Closed
6. MN Universal OP MH/CD Health Authorization Form – Faith Bauer, BCBSM	The SBAR request was to update the Minnesota Universal Outpatient Mental Health/Chemical Dependency Health Authorization was discussed. There were a number of suggestions made and questions raised regarding the use of this form and by whom. Phasing out the form was suggested because providers can provide this information on the 278 transaction. Prior to an agreement being reached or further work, action items were generated to determine the appropriate response to the SBAR:	**OPEN**

Agenda Item	Discussion	Action/Follow-up:
	• MCT members (payers) will check within their organization to determine if they are using or requiring the form and if not, what are they using for prior authorizations • MCT members (providers) – will check to determine what they are sending for MH/CH for referrals and prior authorizations. • All members are to submit their findings to Faith for discussion at the September 12 meeting. During the break, Deb Sorg learned that HealthPartners accepts the form in addition to others, and that the Minnesota Health Plan is in the process of updating the form as well. Dave H. will follow-up with MHP to clarify ownership/responsibility for the form and status. Post meeting, Judith Blyth provided the link attached is the prior auth form HCMC uses in adult psychiatry: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4424-ENG	
7. Modifier 52 Usage – Sue Adams, UCare	SBAR requests that MCT clarify and reach an agreement for the appropriate use for Modifier 52. Providers are billing E/M codes with Modifier 52. Further research will be conducted by the following MCT members and presented at next MCT TAG meeting (9/12): • Lisa will research American Medical Association to clarify if modifier 52 can be used with reduced service modifier 90212. • Carolyn will contact the MN Ophthalmology association to clarify 90212 and 90214 use of modifiers. • Barb will consult with Joanne Wolf to clarify C&TC language – Chapter 18 WPS Medicare does not require modifier 52. Judy sent inquiry to NGS regarding. Is it appropriate to use 52 with C&TC?	**OPEN** **See** – Modifier 52 Usage – Research and Responses document
8. Community Paramedic Update – Shawnet Healy, DHS	Shawnet Healy, DHS, provided an update on Community Paramedics that requires training to Appendix A in the 837P and 837I. During the discussion several changes were recommended and approved by the TAG to in – in order to claim a 15 minute-unit, a minimum of eight minutes to claim that unit on face-to-face time only. T1016-U3 Change language in CG to read: Supplies and vaccines are reported by the ordering primary care physician only. Routine supplies incident to a visit (e.g., gloves, test strips, band aids, etc.) cannot be reported separately). Non-reportable services include: • Incident supplies (e.g., gloves, test strips, band aids, etc. • Travel • Mileage	Closed

Agenda Item	Discussion	Action/Follow-up:
	• Medical record documentation Code T1016 U3, 15 minutes increments (one billing, services all inclusive). A minimum of 8 minutes of fact to face time must be rendered in order to report one unit. (Refer to section A.3.4.2 for units rounding rules). T1016 case management, each 15 minutes U3 – service provided Dave announced that changes will be made recommended by TAG today. Will be approved by Ops and then published for 30-day comment period.	
9. Doulas – Shawnet Healy, DHS	Effective July 4, 2014, Medicaid will allow services by certified doulas – childbirth education and support services (throughout entire pregnancy). Look at legislation) 148.995, subd. 2 (https://www.revisor.mn.gov/statutes/?id=148.995). The MN for Better Birth Coalition will meet Sept 23 at DHS. Some of the issues that will need to be addressed are the POS, provider type, what codes and revenue codes, medical professional or educational – payment ($250-$1,000). What is scope of practice? Members suggested to keep; it simple- one place of service; scope of practice DONA is national organization who designates certification. There are two types of doulas: Birth Doula Post-partum Doula Dave suggested Shawnet use the revised decision draft and will forward copy of decision tree to MCT.	**OPEN**
10. AAPC State Conference – Carolyn Larson, PreferredOne	Carolyn Larson announced that the AAPC state conference will be held November 7-8 at the Roseville Radisson (just a few blocks away from Rosedale Mall). More information will be available at the September MCT meeting as speakers are still being confirmed.	CLOSED
11. Next Monthly meeting	• Next meeting scheduled for September 12, 2013, 10:00-1:00, St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington. • The November meeting will be cancelled. • TREATS: o De will bring treats for September. o Deb will bring treats for October.	CLOSED

Administrative
Uniformity
Committee

AUC BUSINESS NEED EXPLANATION

S	SITUATION – Describe the current business practice(Please describe the problem or issue to be addressed): Originally when Birth Centers were first licensed in Minnesota, only facility charges for the mother were allowed as DHS allowed only these charges. DHS continues to only allow charges for the mom. Now that we have some experience and have added birth center benefits to our commercial plans, I am requesting that we consider adding newborn facility charges. I have had several discussions with the birth centers regarding newborn charges. At this time, we do not have a way to bill, however, if a mom gave birth in a hospital, newborn charges would be allowed. There is no coding established through the AUC.
B	BACKGROUND – Explain the pertinent history of the business practice (How does this work today): Minnesota group purchasers require that professional services by licensed traditional midwives be reported on an 837P transaction. Services rendered must be within the practitioner's scope of practice and are reported using the appropriate valid HCPCS code. 837P guide: Licensed Traditional Midwife Services (Not Certified Nurse Midwives) Place of Service: 25 – Birthing Center HCPCS Code: Appropriate delivery and/or other HCPCS code(s) describing the service(s) rendered. Global services (antepartum, delivery and postpartum) should not be fragmented. This includes but is not limited to, office/center or home visits for pre- or post- natal care, stand by services, and post-delivery home visits. Fragmented services may be reported in certain circumstances: • If the patient is transferred to another facility for delivery, report only the portion of care provided (antepartum and/or postpartum HCPCS codes). • If only antepartum and/or postpartum care are provided, report the appropriate antepartum and/or postpartum HCPCS code. • Global services may be split when the patient's prenatal/antepartum services are less than four visits (use E/M service). • Routine lab test and ultrasounds may be reported in addition to the global package during the prenatal period. Urine dip sticks are considered part of the global package. Facility (Birthing Center) services related to the delivery or observation are reported on the 837I only. 837I guide: Freestanding Birth Centers Licensed birthing centers Medicare publishes limited billing information for free-standing birthing centers.

	"Birth center" means a facility licensed for the primary purpose of performing low-risk deliveries that is not a hospital or licensed as part of a hospital and where births are planned to occur away from the mother's usual residence following a low-risk pregnancy. See Minnesota Statutes, Sections 144.615 and 144.651 for more information. Low-risk deliveries, and services related to the delivery, performed in a free-standing birthing center should be reported on an 837I transaction including the following data: • Type of Bill: 084x – Special Facility – Freestanding Birthing Center (NOTE: TOB 084x will be considered outpatient. HCPCS codes are required with submitted revenue codes.) • Revenue Code: 0724 – Birthing Center Note: Ancillary services and/or items relating to delivery or labor 0724 are included under this revenue code and should not be reported separately. • HCPCS Code: Appropriate HCPCS code with revenue code 0724 for delivery, or S4005 when labor does not result in delivery. Note: Professional services related to the mother's and newborn's cares are reported on the 837P only.
A	ASSESSMENT – Summarize your analysis of this issue (what are your challenges, what type of organizations are impacted by these challenges – provider types, health plans, others? Please indicate how this applies to AUC's mission, vision, values, and strategy. Are there any national or community standards that exist or are being developed that might help address the situation? If so, please explain): Because the standard of coding and claim submission for birthing centers is published the MN Uniform Companion Guide, any change to coding in the guide should be addressed by the AUC Medical Code TAG (MCT).
R	RECOMMENDATION – What are you recommending including any known timing that needs to be considered: Allow newborn charges to be billed for commercial plans. Could we use revenue code 0724 with a CPT code for newborn charges? Can 99460 and 99463 to be billed in a birth center?
	CONTACT INFORMATION – This form was completed by: Faith Bauer, BCBSMN, on behalf of Name: Teresa Schaffer; Title: Provider Contract Manager Email address: Teresa_A_Schaffer@bluecrossmn.com Phone number: **651-662-1868** Organization: Blue Cross Blue Shield of MN Address: 3400 Yankee Dr., Eagan, MN 55121

INSTRUCTIONS: This form is to be completed by organizations desiring the AUC to consider working on a particular issue related to administrative simplification that would benefit Minnesota. Organizations submitting an SBAR are expected to provide resource(s) to the TAG or work group created or assigned to this work. Please note, additional information may be requested if form is not complete. Additional questions may be asked in order to clarify understanding of the issue.

Send this completed form to the AUC e-mail box at Health.auc@state.mn.us. You will be notified when it is received and provided a link to the AUC Executive Committee calendar to determine the date/time the AUC Executive Committee will evaluate your SBAR. The meeting date will be the next AUC Executive Committee meeting following receipt of the SBAR submission The AUC Executive Committee will determine if it falls within scope of the AUC and does not violate the AUC anti-trust statement.

If the issue is determined to be in scope, the form will be forwarded to the AUC Operations Committee and/or the appropriate Technical Advisory Group (TAG) for discussion and consideration. The submitter will be notified when this meeting will occur and will be asked to attend. A reply will be made to the submitter following the discussion at an AUC Operations Committee and/or TAG meeting.

AUC Response

Administrative
Uniformity
Committee

AUC BUSINESS NEED EXPLANATION

S	SITUATION – Describe the current business practice(Please describe the problem or issue to be addressed): The Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form needs to be updated with current HCPCS codes. The codes currently listed are no longer valid for dates of service 1/1/13 and after.
B	BACKGROUND – Explain the pertinent history of the business practice (How does this work today): The Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form was developed by the AUC Mental Health TAG. The following is found under Archives. Note that these forms are not listed under the Forms tab. http://www.health.state.mn.us/auc/mntlhlthtag.htm **Mental Health TAG** Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form (pdf 292Kb/3 pgs) Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form (pdf 148 Kb/3 pgs) If you have any questions please contact: Janet Silversmith, Minnesota Medical Association (612) 378-1875 jsilversmith@mnmed.org The form contains several CPT codes under the Services section Number Requested: 90804, 90805, 90806, 90847, 90853, 90862, and 90870.
A	ASSESSMENT – Summarize your analysis of this issue (what are your challenges, what type of organizations are impacted by these challenges – provider types, health plans, others? Please indicate how this applies to AUC's mission, vision, values, and strategy. Are there any national or community standards that exist or are being developed that might help address the situation? If so, please explain): The codes listed on the form need to be updated. These codes were deleted effective 1/1/13. If the form remains valid it must reflect valid HIPPA codes.
R	RECOMMENDATION – What are you recommending including any known timing that needs to be considered: Update the Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form as appropriate. Additionally, for ease in finding the form there should be a link on the Forms page.

	CONTACT INFORMATION – This form was completed by: Name: Faith Bauer Title: Principal Healthcare Coding Analyst Email address: faith_e_bauer@bluecrossmn.com Phone number: 651-662-8068 Organization: Blue Cross Blue Shield of MN Address: 3400 Yankee Dr., Eagan, MN 55121

INSTRUCTIONS: This form is to be completed by organizations desiring the AUC to consider working on a particular issue related to administrative simplification that would benefit Minnesota. Organizations submitting an SBAR are expected to provide resource(s) to the TAG or work group created or assigned to this work. Please note, additional information may be requested if form is not complete. Additional questions may be asked in order to clarify understanding of the issue.

Send this completed form to the AUC e-mail box at Health.auc@state.mn.us. You will be notified when it is received and provided a link to the AUC Executive Committee calendar to determine the date/time the AUC Executive Committee will evaluate your SBAR. The meeting date will be the next AUC Executive Committee meeting following receipt of the SBAR submission The AUC Executive Committee will determine if it falls within scope of the AUC and does not violate the AUC anti-trust statement.

If the issue is determined to be in scope, the form will be forwarded to the AUC Operations Committee and/or the appropriate Technical Advisory Group (TAG) for discussion and consideration. The submitter will be notified when this meeting will occur and will be asked to attend. A reply will be made to the submitter following the discussion at an AUC Operations Committee and/or TAG meeting.

AUC Response

Administrative Uniformity Committee

AUC BUSINESS NEED EXPLANATION

S	Modifier 52 Fact Sheet http://www.wpsmedicare.com/part_b/resources/modifiers/modifier-52.shtml Definition Reduced Service reports a partially reduced or eliminated service or procedure. Appropriate Usage Procedures for which services performed are significantly less than usually required may be billed with the "52" modifier. Report the service provided with modifier 52 and the appropriate reduced original charge. Services modified at the physician's discretion to be less than the usual procedure. When the documentation describing the service fully supports that the service furnished was less than usually required. Inappropriate Usage Do not use for terminated procedures. Do not use for situations when the patient has the inability to pay the full charge. Do not use on a time-based code (i.e. anesthesia, psychotherapy, or critical care). Do not report on Evaluation & Management and Consultations codes. Additional Information Claims need to indicate "Documentation available upon request" in item 19 or the electronic equivalent. Reduce the amount you normally bill for the service(s) on your claim accordingly. Page Last Updated: Wednesday, 17-Apr-2013 15:04:28 CDT UCare is looking for direction from the AUC Medical Code Tag to see if this is applicable only to Medicare claims or should it be applied to DHS claims as well? Have other payers incorporated this information into their claims processing system?
B	BACKGROUND – Explain the pertinent history of the business practice (How does this work today): Providers have been billing E/M services with modifier 52 to show reduced services. This is typically seen on Preventative Care Codes 99381 - 99397. When the 52 modifier is appended, this allows the provider to be reimbursed at 50% of the higher value Preventative Service instead of determining what E/M code the visit would fall into. In addition, eye care providers have been appending it to their exam code 92014 so that they receive 50% of the allowable for this service instead of determining what level E/M service should be used.

A	ASSESSMENT – Summarize your analysis of this issue (what are your challenges, what type of organizations are impacted by these challenges – provider types, health plans, others? Please indicate how this applies to AUC's mission, vision, values, and strategy. Are there any national or community standards that exist or are being developed that might help address the situation? If so, please explain): To keep uniformity in the application of modifier 52 the AUC should state whether or not Minnesota will follow the direction from WPS or does the State of MN allow modifier 52 on E/M codes.
R	RECOMMENDATION – What are you recommending including any known timing that needs to be considered: Providers should not be allowed to append the 52 modifier to E/M visits as stated in the WPS Modifier 52 Fact Sheet. This should apply to all claims submitted in the state.
	CONTACT INFORMATION – This form was completed by: Name: Sue Adams Title: Coding Consultant Email address: sadams@UCare.org Phone number: 612-676-3235 Organization: UCare Address: 500 Stinson Blvd Minneapolis, MN 55413

INSTRUCTIONS: This form is to be completed by organizations desiring the AUC to consider working on a particular issue related to administrative simplification that would benefit Minnesota. Organizations submitting an SBAR are expected to provide resource(s) to the TAG or work group created or assigned to this work. Please note, additional information may be requested if form is not complete. Additional questions may be asked in order to clarify understanding of the issue.

Send this completed form to the AUC e-mail box at Health.auc@state.mn.us. You will be notified when it is received and provided a link to the AUC Executive Committee calendar to determine the date/time the AUC Executive Committee will evaluate your SBAR. The meeting date will be the next AUC Executive Committee meeting following receipt of the SBAR submission The AUC Executive Committee will determine if it falls within scope of the

AUC and does not violate the AUC anti-trust statement.

If the issue is determined to be in scope, the form will be forwarded to the AUC Operations Committee and/or the appropriate Technical Advisory Group (TAG) for discussion and consideration. The submitter will be notified when this meeting will occur and will be asked to attend. A reply will be made to the submitter following the discussion at an AUC Operations Committee and/or TAG meeting.

AUC Response

Judith Blyth indicated that it appears CMS does not have a policy re 52 and ophthalmology codes. She sent an inquiry to Dr. William D Rogers and received the following response:

Judith:
Does CMS require a 52 modifier on CPT 92014-92015 if the doc only examines one eye? It is my understanding that these codes are a "status 2" therefore inherently bilateral, if I am correct a 52 modifier would be appropriate? Thank you so much for your assistance. – Judith

Below is the information from the American Academy of ophthalmology:
A reduced service modifier is not necessary for eye codes because if less than the CPT description is performed, the physician chooses a lower level of exam that meets the documentation provided. If "less" than an intermediate code, the E/M exam codes are options.

Dr. Rogers:
You are right that the payment is for the examination of two eyes. I think we have no policy on this because we never thought there might be a situation in which the ophthalmologist would only examine one eye, if you did use the 52 modifier how would the payment be calculated?

I can hardly imagine a situation in which the ophthalmologist decides not to look at both eyes. There are millions of possible permutations of ways to deliver services that are so rare and unlikely that we don't have the time to program our claims management software to handle all of them, if a doctor is doing something that isn't hard wired into the claims payment system then that claim has to be manually processed and priced by the carrier (MAC). Since there is no national policy the carrier is responsible for figuring out how they want to handle the service and how they want the claim submitted. It is such a rare situation that I don't think we could get a national policy. It would be nice if we had the staff to write national instructions for all of those permutations but we don't.

William D Rogers MD FACEP
Medical Officer CMS
Director Physicians Regulatory Issues Team

Medica's response:

We see this form come through occasionally, but typically providers utilize the forms we've created internally for specific services.

HCMC response:
The link attached is the prior auth form HCMC uses in adult psychiatry.
https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4424-ENG

Clear Form

Minnesota Department of Human Services

DHS-4424-ENG 8-11

Minnesota Health Care Programs (MHCP)

Drug Prior Authorization Form

T

This form is for requesting prior authorization for outpatient drugs dispensed at a pharmacy. If you would like to request prior authorization for a drug administered at a clinic or other outpatient setting, please use the medical authorization form (DHS-4695). The Minnesota Department of Human Services contracts with Health Information Designs (HID), the MHCP Prescription Drug PA Review Agent, to provide drug prior authorization services. All inquiries regarding PAs – including questions on criteria and status of PA – should be directed to HID. Call the MHCP Provider Call Center at (651) 431-2700 or (800) 366-5411 for all other inquiries, including questions about claims or refill-too-soon overrides. Access criteria information and forms through the MHCP Pharmacy website at www.dhs.state.mn.us/provider/pharm.
Authorization can be obtained by calling MHCP Prescription Drug PA Review Agent with the information below or by faxing a completed form to MHCP Prescription Drug PA Review Agent.

MHCP Prescription Drug PA Review AgentHours: Monday–Friday, 8:00 a.m. to 7:00 p.m.Phone: (866) 205-2818 Fax: (866) 648-4574

You must have this information available before calling or faxing MHCP Prescription Drug PA Review Agent.Bolded fields are required before PA can be issued. Incomplete forms will be returned.

☐ Renewal of Expired Authorization – PA # of expired authorization _____ ☐ New Request
☐ Copay Only Authorization – Amount paid by primary insurance _____
☐ Patient Between Prepaid Healthplans ☐ Other (specify) _____

PHARMACY NAME			**PHARMACY NPI**	
PHARMACY PHONE NUMBER ( )			PHARMACY FAX NUMBER ( )	
PRESCRIBER NAME			**PRESCRIBER NPI**	
PRESCRIBER PHONE NUMBER ( )	**PRESCRIBER FAX NUMBER** ( )		**DRUG NAME / STRENGTH**	
NDC	**QUANTITY**	**REFILLS**	**DIRECTIONS**	AUTH START DATE __/__/__
RECIPIENT NAME			**RECIPIENT MA ID NUMBER**	RECIPIENT DATE OF BIRTH __/__/__
DIAGNOSIS				
OTHER MEDICATIONS TRIED AND DATE OF OTHER MEDICATION TRIALS FOR THIS CONDITION				
DOCUMENTATION OF STATUS CHANGE OR ADVERSE REACTION CAUSED BY TRIALS OF OTHER MEDICATIONS (CHART DOCUMENTATION MAY BE ATTACHED)				
OTHER PERTINENT CLINICAL INFORMATION	AUTHORIZATION NUMBER (Prescribers obtaining PA must provide this number to the pharmacy)		**XDEA NUMBER (Suboxone claims only)**	

Pharmacists may dispense up to a 72-hour supply of the prescribed medication when MHCP Prescription Drug PA Review Agent staff is off duty. MHCP Prescription Drug PA Review Agent is allowed to authorize up to a 72-hour supply in that situation. However, additional supplies will not be authorized if PA criteria are not met.