



Prior Authorization Request Form DME/O&P Items and Services

All durable medical equipment and orthotic and prosthetic items and/or services requiring **PRIOR AUTHORIZATION** must be faxed (or mailed) to MVP's corporate Utilization Management Department **before** services are rendered.

Please fax this form and other supporting medical documentation (lab results, radiology results, consultation reports, office notes, etc.)

ALL MVP MEMBERS	FAX 1-888-452-5947	Mailing address MVP Health Care (Att: DME Unit) 625 State Street Schenectady, NY 12305
For urgent requests (clinical emergencies, facility discharges), please call the UM DME Unit at 1-800-452-6966, then fax all supporting medical documentation for the members records.		
Patient name :	DME/O&P Provider name :	
	Address (Location):	
Date of birth :		
MVP ID # :	Phone number ()	
	Fax number ()	
Requesting physician :	HCPCS code(s) & Descriptions:	
Address :		
Physician's office contact name :		
Phone number ()		
Fax number ()	Person filling out this form & contact phone number	
ICD-9 Code(s) (Diagnosis):		
	Expected Date of Delivery :	

NOTE:

***INCLUDE ALL SUPPORTING MEDICAL DOCUMENTATION OR ADDITIONAL INFORMATION ALONG WITH FAXED REQUEST.**

***Payment for services/items dispensed will be denied when PRIOR authorization is not obtained. The member may not be billed under these circumstances.**

*** The DME Unit is available 24/7 at 1-800-452-6966**