



# 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 complete this form in its entirety and fax this form and all supporting medical documentation (lab results, radiology results, consultation reports, evaluations, office notes, etc.)

<b>ALL MVP MEMBERS</b>	<b>FAX to: 888-452-5947</b>	<b>Mailing address:</b> MVP Health Care (Att: DME Unit) 625 State Street Schenectady, NY 12305
<b>For urgent requests (clinical emergencies, discharges), please call the UM DME Unit at 1-800-452-6966, then fax all supporting medical documentation for the members records.</b>		
Member Name:	DME/O&P Provider Name:	
	Provider NPI# :	
Date of Birth:	TIN:	
MVP Member ID # :	Address (Location):	
Requesting Physician :	City:	
Provider NPI#:	State:	Zip Code:
TIN:	Phone number (      )	
	Fax number (      )	
Address :	HCPCS codes	Descriptions
City:		
State:                      Zip Code:		
Physician's office contact name :		
Phone number (      )		
Fax number (      )		
ICD-10 Code(s) (Diagnosis):		
	<b>Person filling out this form:</b>	
Expected Date of Delivery :	<b>Contact Number including extension:</b>	
<b>Additional Notes for this request:</b>		

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

Please contact 1-800-452-6966 for DME related questions. The DME Prior Authorization Code list is available at: <https://www.mvphealthcare.com/utilization>