

# Health Plan Advantage D-SNP Authorization Form

Health Plan  
of San Joaquin



Mountain Valley  
Health Plan

Advantage D-SNP

<b>Please check Line of Business:</b>	D-SNP (Medicare/ Medi-Cal)	Inpatient_____ days Outpatient	Office Visit Other: _____
-------------------------------------------	-------------------------------	-----------------------------------	------------------------------

**Services requiring Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) approval can be submitted on this form.**

Payment is subject to member eligibility and medical necessity determination.

**Please confirm eligibility by calling 1-209-942-6320 or IVR 1-209-942-6303.**

Fax this authorization and supporting documents to Health Plan Advantage D-SNP's UM Department.

**Inpatient Fax 1-209-762-4702 | Outpatient Fax 1-209-762-4774**

**Please fill in all requested information for timely processing of your request.**

**Completed by:**\_\_\_\_\_

Routine	Urgent	Requesting PCP	Requesting Specialist
---------	--------	----------------	-----------------------

<b>Patient:</b>			
Name (Last, First):	Health Plan Advantage D-SNP Member ID:	Date of Birth:	Sex: M F
Appointment Date:			

<b>Requesting Provider:</b>		<b>NPI:</b>		<b>TIN:</b>	
Name (Last, First):	Address:	City:	State:	Zip Code:	
Phone:		Fax:			

<b>Authorized to (Servicing Provider):</b>			
Provider (Practitioner):		Group/Pay To/Facility:	
Specialty:	Phone:	Fax:	
Address:	City:	State:	Zip Code:

<b>REQUIRED INFORMATION FOR SERVICING PROVIDER(S):</b>		
Provider NPI:	Tax ID:	Facility/Group NPI:
Comments:		

# Health Plan Advantage D-SNP Authorization Form



## Advantage D-SNP

**REASON FOR AUTHORIZATION REQUEST: Please indicate the quantity ( ) you are requesting for each CPT/HCPCS code. If no quantity indicated, the default amount will be "1".**

Psychiatric Inpatient	Intensive Outpatient Program	Partial Hospitalization Program
Electroconvulsive Therapy	Transcranial Magnetic Stimulation	Residential Treatment

**ICD**  
Some ICD-10 codes are reported to their highest number of characters available (3, 4, 5, 6, or 7). Please document diagnosis completely.

**REASON FOR AUTHORIZATION REQUEST: Please indicate the quantity ( ) you are requesting for each CPT/HCPCS code. If no quantity indicated, the default amount will be "1".**

<b>ICD-10</b>					
<i>Some ICD-10 codes are reported to their highest number of characters available (3, 4, 5, 6, or 7). Please document diagnosis completely.</i>					
<b>CPT/HCPCS Code (Quantity)</b>	( )	( )	( )	( )	( )
<b>Modifier Required for DME</b>					

**Requesting Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Health Plan of San Joaquin Advantage/Mountain Valley Health Plan Advantage D-SNP is an HMO with Medicare and Medi-Cal contracts. Enrollment in Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP depends on contract renewal.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) Customer Service: Call **1-888-361-7526 (TTY: 711)**, 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. The call is free. Messages received on holidays or outside business hours will be returned within one business day. You can also visit [www.hpsj-mvhp.org](http://www.hpsj-mvhp.org).