Jefferson Health Plans | Health Partners Plans

DME Authorization Request Form

DME Fax Information	
To: Health Partners Plans, Inc. **Medicaid/CHIP/Individual and Family Plans: 215-849-4749** **Medicare Advantage: 267-515-6636**	**DME Provider Name:**
	DME PROMISe ID #:
DME Contact	**DME Phone:**
Date:	**DME Fax:**

Provider - Please Complete Area Below		
Member Name:	**Member ID #:**	**Member DOB:**
Dates of Service Requested:	**Duration of Service:**	
ICD 10/Diagnosis:	**Description of Medical Condition/Diagnosis:**	
Ordering Physician Name:	**Phone:**	
PROMISe ID#:	**Fax:**	

Attachments (Supporting the Requested Clinical Service):

- ☐ Physician-Signed Prescription
- ☐ Letter of Medical Neccessity (LMN)
- ☐ DME Manufacturer's Invoice (if applicable)

Authorization will be denied without documentation of medical necessity *and* PROMISe ID

Additional Details (e.g., volume, frequency, route, total number units. Note: Use NU or RR modifier as required.)

Please complete the HCPCS Codes section on page 2 of this form.

Anyone who misrepresents, falsifies, or conceals essential information required for payment of state and/or federal funds may be subject to fine, imprisonment, or civil penalty under applicable state and/or federal laws.

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Use applicable HCPCS codes: Not otherwise classified codes will only be authorized in very specific circumstances.

Procedure HCPCS Code(s)	Description & Price(s)

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Health Partners Plans, Inc. (HPP), uses Jefferson Health Plans as the marketing name for some of its lines of business. Current lines of business are: Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans Medicare Advantage, Health Partners Plans Medicaid, and Health Partners Plans CHIP. All communications will specify the impacted line of business within the content of the message.

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