AUTHORIZATION REQUEST FORM

General Rules

- **Urgent and Emergency Care DO NOT require Prior Authorization.**
- **Non-Participating (Out of Network Providers) require out-of-network authorization (OON approval) or a Single Case Agreement prior to providing any services, except for Urgent and Emergency Services.**
- **Excluded services are not covered. Excluded services will be denied as a non–covered benefit, per the Member's Evidence of Coverage (EOC).**
- **Providers are responsible for verifying eligibility and benefits before providing services to all members. Prior Authorization is not a guarantee of payment for services.**
- **Payment is made in accordance with a determination of the member's eligibility, benefit limitations/exclusions, provider status, and evidence of medical necessity.**
- **Failure to obtain Prior Authorization prior to giving care for the services listed below may result in a denial for reimbursement.**
- **Services not requiring Prior Authorization will be subject to audit. If in an audit those services did not meet medical necessity, there will be a possibility of recoupment.**
- **If clinical documentation supporting claims are not provided, Hamaspik may deny for not having the information required to determine medical necessity.**
- **If a member is admitted to your facility, you must notify Hamaspik within 24 hours.**
- **Any service that is being performed in an Inpatient Hospital or Outpatient Hospital setting requires a prior authorization.**
- **Any service that is being performed in an Ambulatory Surgical Center requires prior authorization.**
- **Please refer to the Hamaspik Medicare provider manual on our website www.hamaspik.com; General Requirements for Claims Submissions.**

Please send completed form, prescription from referring provider, and supporting clinical documentation pertaining to this request to: MedicareRequests@hamaspikchoice.org; Fax: 845-503-1911

If you have questions or updates regarding your request, please contact us at 1-888-426-2774 x608.

The following time frame standards apply to all services requiring prior authorization:

- **Standard/Prior Authorization-** Standard requests for prior authorization can take up to 14 days to process and should be submitted no less than 14 days prior to date of service.
- **Expedited Services -** Expedited requests for prior authorization can take up to 72 hours to process and should be submitted no less than 72 hours prior to date and time of service. ***Please note, requests should only be submitted as expedited if members' immediate health and safety are at risk***
- **Emergency/Urgent Care Services -** When prior authorization was not able to be obtained due to emergent need, request/notification should be made to the plan within one business day of rendering services.

Thank you,

Hamaspik Medicare Utilization Management Dept.
Hamaspik Medicare
Direct Phone: 888-426-2774 x608
Direct Fax: 845-503-1911
Email: medicarerequests@hamaspikchoice.org
Web: www.hamaspik.com

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SERVICES REQUIRING PRIOR AUTHORIZATION	Utilization Review Information
Acupuncture Services Chiropractic Services	American Specialty Health Fax: 1-877-427-4777; Phone: (800)-848-3555 or (800)972-4226 https://www.ashlink.com/ASH/site/authentication/login.aspx?ReturnUrl=%2fASH
Inpatient Hospital-Psychiatric/Behavioral Health (Submit to Carelon)	CARELON (formerly Beacon Health) Options 866-201-1401
Dental Services (Submit to DentaQuest)	DENTAQUEST: Fax: (262)241-7150; Phone: (855) 343-4267 Email: denelig.benefits@dentaquest.com
Vision Services (Optometry - Submit to EyeQuest)	EYEQUEST: Fax: (888)696-9552; Phone: (844) 824-2014 Email: eyequest@dentaquest.com
Durable Medical Equipment (DME) and Prosthetics including all DME rental	Hamaspik DME Dept. Fax: (845)503-1511; Phone: (888)426-2774 x612 Email: dme@hamaspikchoice.org
All non-emergency transportation including taxi, ambulette and stretcher ambulette	Medical Answering Services MAS https://www.medanswering.com/ Downstate: 844-666-6270 Counties served: Bronx, Brooklyn (Kings), Manhattan (New York), Nassau, Putnam, Queens, Staten Island (Richmond), Suffolk, Westchester Upstate: 866-932-7740 Counties served: Albany, Columbia, Dutchess, Greene, Montgomery, Orange, Rensselaer, Rockland, Schenectady, Ulster
All non-emergency ambulance transport including Ambulance and Air Ambulance	Member Services Department Fax: (845) 503-1998; Phone: (888) 426-2774 x615 Email: MSR@hamaspikchoice.org
MAP Plan Only Long-term Care Services including: Registered Nurse/ Private Duty Nursing/PDN, Adult Day Care*, Social Day Care*, Personal Care Assistance Services*, Consumer Directed Personal Assistance Services*, Hearing Aides	Hamaspik Care Management Department Contact Member's Care Manager
Inpatient Hospital, Acute Rehab, Sub Acute Rehab, and Skilled Nursing Facility admissions.	Hamaspik Utilization Mgmt. Email: MedicareRequests@hamaspikchoice.org; Fax: (845)503-1911; Phone: (888) 426-2774 x 608
All Out-of-Network Services (OON) and referrals	
All Surgeries/Procedures/Testing when performed in an Inpatient and Outpatient Hospital Setting, and Ambulatory Surgical Center Setting.	
Cardiac Rehabilitation, Intensive Cardia Rehabilitation, Pulmonary Rehabilitation and Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	
Diagnostic Tests Procedures: Authorization is required for certain diagnostic procedures, non-lab tests and genetic testing procedures, MRA, MRI, PET Scans. Routine lab tests do not require prior authorization.	
Enteral and Total Parenteral Nutrition	
Home Health Therapies /CHHA Services: Physical, Occupational, Speech Therapies, Social Work, Registered Nurse, Home Health Aide Services	
Durable Medical Equipment (DME) and Supplies	
All Investigational/ Experimental Services	
Medical Nutritional Therapy	
Nuclear Medicine	
Organ Transplants/ Evaluations	
Outpatient Therapies- Physical Therapy, Occupational Therapy, Speech Therapy	
Pain Management	
Radiation Therapy	
Radiology	
Sleep Studies	
Specialty Prescriptions may require Prior Auth, Step-therapy, or have quantity limits as per Formulary	Prime Therapeutics (complete PA form on www.hamaspik.com) FAX: 1-800-424-3260; Phone: (800)424-4437 -Coverage Determinations; Helpdesk (800)933-3175

Authorization Request Form must be submitted with prescription from referring Provider for all services requiring Prior Authorization
Some Services Require additional forms to be completed (i.e., Social/Adult Day Care, PCA, CDPAS). Please visit www.hamaspik.com for required forms.
Visits to in-network Primary Care Physicians and Specialists (including ophthalmologists do not require Prior Authorizations) .

Hamaspik Inc.

AUTHORIZATION REQUEST FORM

Member Details:	**Individual Submitting Request:**
Name:	**Name:**
Date of Birth:	**Phone:**
Hamaspik HC ID:	**Email:**
Address:	**Fax:**
	Member ☐ **Member Representative** ☐ **Provider** ☐
LOB: DSNP ☐ MAP ☐	**AOR or equivalent attached** ☐
ICD-10 Code(s): (applicable to request)	**Expedited** ☐ **Standard** ☐

Requesting/Referring Provider:

Name:	**Phone:**
Specialty:	**Fax:**
NPI:	**Email:**
TIN:	**Mailing address:**
PAR ☐ **Non-PAR** ☐	

Contact for Peer-to-Peer discussion if needed: Doctor's Name- Doctor's Contact Number-

******Please attach prescription, clinical documentation and details as relevant to the request for review******

Service(s) Being Requested:

Service:	**CPT/HCPCS Codes:**	**Frequency or # of Visits/Units/Hours** (if different for each code, please specify)**:**	**Service(s) Start Date:** **Service(s) End date:**

Servicing Provider if Different from Requesting Provider:

Name:	**Phone:**
Specialty:	**Fax:**
NPI:	**Email:**
TIN:	**Address:**
PAR ☐ **Non- PAR** ☐	

Setting service will be provided in:

Doctor's Office ☐ Ambulatory Surgical Center ☐ Outpatient Hospital ☐ Inpatient Hospital ☐

Other ☐

Place of Service (If different from requesting provider or servicing provider):

Facility:	**Phone (include ext.):**
Address:	**Email:**
NPI:	**Fax:**
TIN:	**Other:**

Additional details/Information related to request:

PLEASE SEND THIS FORM TO: MedicareRequests@hamaspikchoice.org; Fax: 845-503-1911