Commercial Medical Authorization Request Form

Please complete and fax this form to Network Health at 920-720-1903 or mail to Network Health, Attn: Commercial Care Management Department, 1570 Midway Pl., Menasha, WI 54952.
For provider questions, call 920-720-1600 or 800-236-0208.

**** If this is a request to extend services, please document the original authorization number.**
**** Must include any clinical notes or office notes that would support the request, as well as CPT/HCPCS codes that will be billed for the services requested. If this information is not provided, it could significantly delay the processing of the authorization.**

☐ **Standard Request** (determination will be made no later than 14 calendar days after receipt of the request for an organization determination)
☐ **Expedited Request** (waiting for a decision under the standard time frame could place the member's life, health or ability to regain maximum function in serious jeopardy)

Inpatient Request: ☐ **Yes** ☐ **No**

Form Filled Out By: Contact Phone Number:

Member Name:	Member ID #:	Date of Birth:
Ordering Provider or Facility:		
Ordering Provider or Facility **Phone #**:	Ordering Provider or Facility **Fax #**:	
Rendering Provider:	Rendering NPI #:	
Rendering Facility	Facility NPI#:	
Rendering Provider or Facility **Phone #**:	Rendering Provider or Facility **Fax #**:	
ICD-10 Diagnosis Code(s):		
Requested Type of Service and **CPT code** (PT/OT/ST, Acupuncture, Genetic Testing, Procedure, etc.):		
Provider Requests an Authorization Start Date of: End date:	New Episode of Care? ☐ Yes ☐ No	
Number of Initial Sessions Requested:	If Applies, Number of Additional Sessions Requested:	
Indicate here if OK to amend visits to match MCG standards: ☐ Yes ☐ No		

Comments:

****Complete the Additional Information for DME Requests Only**** **addendum page available for additional codes**						
HCPCS Code of Item	Retail Purchase Price	Quantity	Purchase	Rental	Repair	Replacement
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐
	$		☐	☐	☐	☐

****Complete the Additional Information for Home Health/Hospice/Infusion Requests Only****					
Requested Type of Service (Home Health, Hospice, Infusion):					
Infusion Therapy **addendum page available for additional codes**					
Start Date	End Date	Medication	Administration Frequency	NDC Code	# of Per Diem Units

Skilled Home Health Visits						
	SW	RN	OT	PT	ST	HHA
Quantity						
CPT Code						