

DME Instructions with sample data

Verify member has active coverage for UPHP. Enter name, ID number and Date of birth.

Enter Supplier, Physician information and Diagnosis code.

Verify that the HCPCS code is on the fee schedule. Log on to CHAMPS to verify codes. Enter the code, description, quantity, and acquired cost.

UPHP requires PA for certain Medicare items and for the Artificial Pancreas for Medicaid members.

Enter today's date and date of DME order.
RETRO REQUESTS ARE NOT ACCEPTED.

Check the box for type of UPHP insurance

Check the appropriate box designating a reason for the request, more than one may apply.

The shaded areas of the form are for UPHP use only.

Upper Peninsula Health Plan
228 West Washington Street
Marquette, MI 49855
Phone (906) 225-7500 Fax (906) 225-9269
www.uphp.com

Page 1 Complete this page first

Date of Request 10/23/15

Date of DME Order Pending

DME/Medical Supply Prior Authorization Request Form

Please include Current Supporting Documentation and a Prescription/Order from the Physician - No Retrospective Requests

UPHP Medicaid UPHP Medicare MI Health Link UPHP HMP UPHP MICHild

Member Name: Jane Doe Member ID Number: 1234567890

Member Date of Birth: 5/19/63

Provider/Supplier Name: XYZ Medical Supply Co Contact Name: Betty M

Provider/Supplier Phone Number: (559) 555-5555 Fax Number: (555) 555-5522

Prescribing Physician's Name: Dr. Healer Diagnosis Code(s): 998.32

HCPCS Code: E2402	Product Description: Wound Vac	Quantity: 1 Cost: \$146.00/day
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Reason for Prior Authorization:

- Out-of-Network Provider Diagnosis does not meet Over quantity limit
 Manually Priced Item Purchase of capped rental Beyond age limit
 Hearing Aid(s) UPHP requires PA

UPHP USE ONLY Claims Priced per MDHHS guidelines
Covered** Not a benefit Priced per CMS guidelines
 Manually Priced item Approved Fee: \$ _____

HCPCS Code: A6550	Product Description: Dressings	Quantity: 15 Cost: \$73.00/each
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Reason for Prior Authorization:

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 Manually Priced Item Purchase of capped rental Beyond age limit
 Hearing Aid(s) UPHP Requires PA

UPHP USE ONLY Claims Priced per MDHHS guidelines
Covered** Not a benefit Priced per CMS guidelines
 Manually Priced item Approved Fee: \$ _____

** All covered benefits must meet CMS and/or MDHHS guidelines. The fee schedules are available at www.uphp.com.

UPHP USE ONLY

AUTHORIZATION #: _____ Start Date: _____ End Date: _____

COMMENTS: _____

Approved: _____ Denied: _____ Redirect In-plan: _____ Decision Date: _____

All requests are subject to review for medical necessity, eligibility, and plan benefits at the time of service.

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DME Additional Codes

Member Name: Jane Doe Member ID Number: 1234567890

HCPCS Code: A5083	Product Description: Stoma Abs Cover	Quantity: 45/month/12 months Cost: \$25.53 3/pkg/15 pks
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Reason for Prior Authorization:

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 Manually Priced Item Purchase of capped rental Beyond age limit
 Hearing Aid(s) UPHP Requires PA

UPHP USE ONLY Claims Priced per MDHHS guidelines
Covered** Not a benefit Priced per CMS guidelines
 Manually Priced item Approved Fee: \$ _____

Fax all requests to UPHP at 906-225-9269 for review. Please include current supporting documentation and a prescription or an order from the physician.