



# Price Negotiation Request Form

**Please note:** All covered benefits must meet Michigan Department of Health & Human Services and Centers for Medicare & Medicaid Guidelines. Approved requests will not be faxed back. The claim on file will be processed at the time of approval. **Price negotiations are not authorizations and do not guarantee payment.**

## Section 1: Member & Provider Information

Provide/Facility Name:		
Provider Phone Number:	Provider Fax Number:	
Contact Name:	<input type="checkbox"/> Medicaid Member	<input type="checkbox"/> Medicare Member
Member Name:	Member ID Number:	

## Section 2: Service/Product Information

Procedure Code:	Diagnosis Code:
Service/Product Description:	
Billed Charge:	Date of Service:

- This form is only applicable for facility and/or physician offices requesting reimbursement for a manually priced service or drug. **This form is not for durable medical equipment (DME) items. Please refer to the DME Manually Priced Code Form.**
- This form will be accepted no more than **90 days** after the date on the claim remittance advice. All requests made after that time will not be processed.
- Attach copy of medical records and/or documentation with letter to support billing of a manually priced code.

### UNLISTED/MISCELLANEOUS PROCEDURES LETTER SHOULD INCLUDE:

- A clear description of the nature, extent, and need for the procedure or service.
- Comparable code that is similar to the unlisted procedure performed (should be same body area).
- List factors that make the unlisted procedure the same or less work (example 30 minutes more work and different operative approach or procedure required 50% more operative time).
- Indicate your normal fee for the comparison code.

### UNLISTED/MISCELLANEOUS DRUGS AND BIOLOGICALS DOCUMENTATION SHOULD INCLUDE:

- Office notes.
- National Coverage Determination Code.
- Name of drug.
- Total dosage and method of administration

### \*\*UPHP OFFICE USE\*\*

- Separate reimbursement for service not supported       Approved \$ \_\_\_\_\_
- Additional information/discussion needed (contact provider)
- Request Denied (SEE NOTES BELOW)

NOTES: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_