



Out of Network Provider Use Only
Prior Authorization Request Form for Health New England

Telephone: 1-877-807-3701 Fax: 1-877-552-6551

DMEPOS Provider Information					
Date Of Request:		Provider NPI #:			
Provider Name/City/State:					
Contact Person:		Phone #:		Fax#:	
Patient/Member Information					
HNE ID #:			Date of Birth:		
Last Name:			First Name:		
Patient Phone #:		Patient Height:		Patient Weight:	
Ordering Physician Name:					
Ordering Physician Phone #:			Ordering Physician NPI #:		
Other Insurance Name:			Other Insurance #:		
Equipment/Medical Supply					
Date of Service	HCPCS Code	Diagnosis Code (ICD-10)	Modifier (NU/RR/BO/BA)	Modifier (RT/LT)	Quantity
Utilization Management Section					
Have you attached the medical documentation necessary to review this request? <input type="checkbox"/> YES <input type="checkbox"/> NO (i.e. requests for over-quantity should have valid prescription and LOMN attached; requests for Enteral nutrition should have valid prescription (height, weight, BMI), LOMN and growth charts (infants).					
Is this an urgent/emergent request? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Was this dispensed from a loan closet or stock and bill? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Manufacturer cost invoices must be submitted for NOC/IC codes. If this is an NOC/IC code request, have you attached your manufacturer cost invoice? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Important Note Section					
To document medical necessity for the item/service requested above, the written diagnosis and supporting clinical information must be attached and included with your request, and be signed by a qualified practitioner (PCP, treating Physician/ARNP).					
All durable medical equipment, prosthetics, orthotics, medical supply (DMEPOS) require a preauthorization. If any DMEPOS service is provided without a preauthorization, the claim will be denied.					
Authorizations are performed Monday through Friday, 8:30 a.m. to 5:00 p.m. Urgent/emergent requests for services performed after-hours or on weekends need to be requested within the next two (2) scheduled business days.					
If you do not receive a response to your fax request within 2 business days please call Northwood at 1-877-807-3701.					