



Amalgamated Medical Care Management

Quality Clinical Advice & Care

Continuation of Care Utilization Review Authorization Form

Please complete **ALL** applicable fields in this form and submit all additional treatment information and/or medical notes that support your request for services. Failure to submit the Utilization Review Auth Form and clinical will prevent AMCM from processing your request in a timely manner.

*Denotes a Required Field

*Contact/Person Submitting Request:	*Today's Date:
*Telephone #:	*Fax #:
*Request: CONTINUATION OF CARE / ADDITIONAL VISITS	
*Original Authorization/Certification # (DO NOT LEAVE BLANK):	

****Please complete the required section that is associated with and supports your Service Type request.
If the Treating Provider or Facility changes, a new Authorization Request MUST be submitted.****

***Therapy Request or Home Health:**

All PT/OT/ST requests require an Eval and that Eval is valid for 1 year.

All visits and requests must match the current and active script/order signed by the Ordering/Referring Provider.

*Group/Practice Name:

*Group NPI:

[illegible]

*Acute Care Inpatient / Ambulatory Outpatient Requests

*Planned Service/Procedure(s) (CPT/HCPC Code):

*Proposed Date(s) of Service: From:

To:

*Total # of Days:

*Other—please specify:

***DME Requests:**

For CPAP/BiPAP: Initial request requires face-to-face evaluation & polysomnogram. Ongoing treatment requires compliance report & face-to-face evaluation.

*Requested DME:

*Requested DME Duration (Date(s) of Service):

*DME CPT/HCPCS Code:

*DME Purchase Price: \$

*DME Monthly Rental Price: \$

Misc/Additional Information:

- Please attach additional pages if needed. IE: Radiation/Chemo codes, additional CPT/HCPC codes for therapies, etc.
- Providers should consult the health plan's coverage policies, member benefits, and medical necessity guidelines to complete this form. Providers may attach any additional data relevant to medical necessity criteria.
- The form is currently not intended to capture supporting clinical documentation.
 - Including plans specific templates
- Some services may require physician signature and should be submitted with the supporting clinical documentation.