



NON-MEDICATION PREAUTHORIZATION REQUEST

Return this Form to: MPI: Medical Review • MedicalReview@mpiphp.org

Mail: P.O. Box 1999 • Studio City, CA 91614-0999

Provider Data			
Treating Physician or Provider Name (Required)		Today's Date	# of Pages
NPI Number (Required)	Tax ID Number (Required)	Contact Person	
Address (Required)		Location Code	
City		State	Zip
Email		Phone (Required)	Fax (Required)

Authorization Data (MPI Retro review will only be done if Date of Service is within 72hrs)		
Patient's Name	Patient's Date of Birth	Date the Service is to be Performed
Subscribers MPID Number	Subscribers Name	For Bariatric Surgery only: Blue Distinction Blue Distinction + Center NAME (BD/BD+) (Required)
Number of Units (Visits/Services) Requested	Anatomic Site (if specific for service)	

Diagnosis and ICD-10 Codes: (Required)

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Procedure Requested and CPT and/or HCPCS Code(s) (Required)

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Information attached to support Medical Necessity:

<input type="checkbox"/> Letter of medical necessity
<input type="checkbox"/> Labs and X-Ray results
<input type="checkbox"/> Prescription from treating physician
<input type="checkbox"/> Consultant report with history and physical
<input type="checkbox"/> Progress notes, Physical therapy Notes
<input type="checkbox"/> MPI Questionnaire (required): sleep studies, speech therapy, and wigs (available at www.mpiphp.org)
<input type="checkbox"/> Additional information requested from Motion Picture Industry Health Plan
<input type="checkbox"/> Bariatric surgery: <u>Name</u> of BD/BD+ Center is required for review
<input type="checkbox"/> Other:

Please note that MPI does not require pre-authorization for any medical services or procedures. Our benefits are based on Plan guidelines and medical necessity. For medication requests, please use Medication Prior Authorization form.