

Medical Necessity Review Request



Contact Information

From: _____ Department: _____
*Phone: _____ Extn: _____ *Fax: _____ Date: _____

Patient Information

*Patient Name: _____ *DOB: _____ *Patient ID: _____

***Check all that apply:**

Inpatient Outpatient DME Therapy Home Health Retro Review Other _____

*Diagnosis: _____ *Date of Service: _____

ICD-10 Code(s): _____ CPT Codes: _____

Request: (please submit supporting clinical information with this Medical Necessity Review Request)

Provider Information

Facility Name:

Facility Name:	_____	Contact Name:	_____
Tax ID #:	_____	Phone:	_____
Specialty:	_____	Fax:	_____
Address:	_____		
Phone:	_____		
Fax:	_____		

Attending Physician:

Attending Physician:	_____	Contact Name:	_____
Tax ID #:	_____	Phone:	_____
Specialty:	_____	Fax:	_____
Address:	_____		
Phone:	_____		
Fax:	_____		

For questions regarding medical necessity reviews, call (800) 643-4416.

Please complete and return with any supporting clinical documentation to:
Fax: (985) 898-1505 or umfax@HealthComp.com

IMPORTANT NOTICE

THIS DETERMINATION DOES NOT CONFIRM PATIENT ELIGIBILITY, EXISTENCE OF COVERAGE OR REASONABLE AND CUSTOMARY CHARGES. SUCH DETERMINATIONS ARE MADE BY THE PLAN SPONSOR OR ITS DESIGNEE IN ACCORDANCE WITH YOUR HEALTH BENEFIT PLAN.

IF YOU HAVE QUESTIONS REGARDING YOUR BENEFITS, PLEASE CONTACT YOUR PLAN SPONSOR OR ITS DESIGNEE.

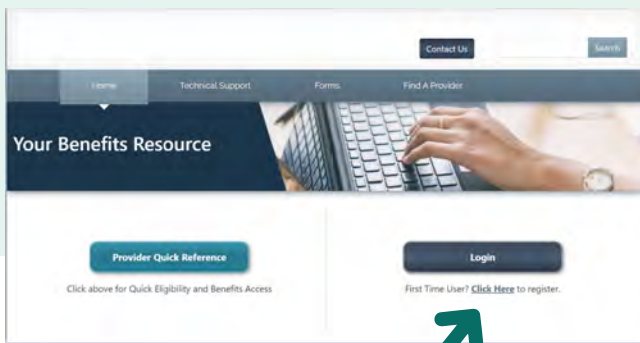
Medical Necessity Requests

HCHealthBenefits Provider Portal

The Provider Portal provides a QUICK and SECURE way to submit your medical necessity requests! Easily submit your requests, access benefit information, and review member forms.



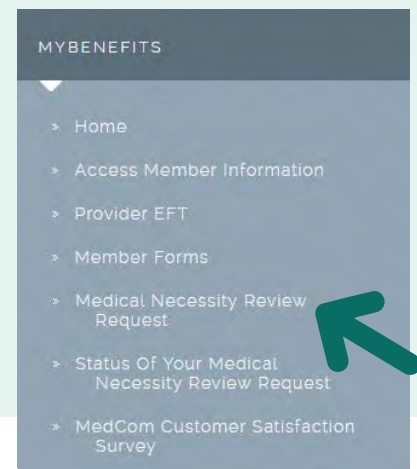
Access the Provider Portal



1. Visit HCHealthBenefits.com and select **First Time User? Click here to register.**
2. Select Provider **First Time User.**
3. Complete registration **username** and **password.**

Submit Medical Necessity Requests

1. Log into HCHealthBenefits.com with username and password.
2. Under MYBENEFITS, select Medical Necessity Review Request.
3. Complete the secure request form and click Submit.
**Easily attach additional documentation under Upload Documents.*
4. MedCom Care Management will review the request and send an email notification when the review is complete.
5. Log into the portal to retrieve authorization decision.



Medical Necessity Review Request

Items marked with * are required.

*Date	<input type="text" value="9/22/2016"/>
Department	<input type="text"/>
*Phone #	<input type="text"/>
*Fax #	<input type="text"/>
*Service Date	<input type="text"/>

Upload Documents

Do you have documents to upload? You will be able to upload them after clicking submit.

SUBMIT