



- Update PA Request
- Photos/Videos Included
- Dental Molds or X-rays Attached
- Invoice attached
- PA Supporting Documentation Only

## Prior Authorization Supporting Documents or Updates Cover Sheet

**For use when submitting for an already Active PA in the MIHMS system.**

\*\*Please attach this to all supporting documents to assure it will be routed to the right department. Thank You.

*Please clearly complete the fields below and it must match the prior authorization request.*

Fax Date: \_\_\_\_\_ Submitter Name: \_\_\_\_\_

Submitter Telephone #: \_\_\_\_\_ Submitter Fax #: \_\_\_\_\_

Submitting Provider Return Address: \_\_\_\_\_

1. Provider Name and NPI or API		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>										
2. Refer to/ Servicing Provider Name and NPI or API (or group)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>										
3. Member Name and MaineCare ID		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>										
4. Prior Authorization number												
5. Change in Units	Original Units Requested: <input style="width: 40px;" type="text"/>	New Units: <input style="width: 40px;" type="text"/>										
6. Changes In Dates	New From Date: <input style="width: 80px;" type="text"/>	New To Date: <input style="width: 80px;" type="text"/>										

**All other changes please submit in writing attached to this form.**

**Purpose:**

This form **MUST** be used when **mailing** or **faxing** the supporting documentation or with a request to update a current prior authorization or referral. Submission of this completed form along with any required attachments will allow the appropriate review process to be conducted by the PA unit.

**Instructions:**

1. In box 1, fill in Provider Name, NPI or Atypical Provider ID.
2. In box 2 fill in the Refer to or Servicing Providers Name and/or NPI or servicing group NPI.
3. In box 3, fill in Member name and the nine-digit Member identification number that is used for the prior authorization request.
4. In box 4, fill in the Prior Authorization Number that the supporting documents that are attached correspond with.
5. For changes in units or dates please indicate in Box 5 or 6. *All other changes must be submitted in writing.*

If you are requesting a NEW PA please submit the Initial PA Request form also located on the portal.

**Place this completed form on top of the attachment(s) for each request or supporting documents.**

**Mail to:** Prior Authorization Unit; Office of MaineCare Services; 11 State House Station Augusta ME 04333

**Fax # 1-866-598-3963**

For questions please call Provider Services at **1-866-690-5585**