

Medical Management

Prior Authorization Requirements

When requesting a prior authorization, please make sure to verify the member's eligibility and benefits, and ask if prior authorization is required for an upcoming procedure. A prior authorization can be requested via mail sent to our Medical Management department – contact information is below. It is recommended that you submit a request at least seven days before the scheduled procedure.

Important things to know:

ALL inpatient admissions require a prior authorization. If you have an approved elective inpatient authorization we must be notified of the admission in order for claims to process timely and properly. There is an exception for maternity admission: no authorization is required for the first 48 hours for vaginal delivery and 96 hours for caesarian delivery.

Before requesting prior authorization, make sure to have the following:

- Procedure codes (CPT Codes) with units
- Diagnosis Codes (ICD-10 Codes)
- Ordering Provider Information (Name, NPI & Address)
- Servicing Provider Information (Name, NPI & Address)
- Recent clinicals that are legible and pertinent to the member's condition

Contact our Medical Management team today!

Memorial Hermann Health Plan
Attn: Medical Management Department
929 Gessner Road, Suite 1500
Houston, TX 77024

Prior Authorization Grid:

Medicare Advantage	Self-Funded	Fully Insured
PPO Phone: 844.550.6896 HMO Phone: 844.550.6886 Fax: 713.338.6982	Phone: 713.338.6588 Fax: 713.338.6494	Phone: 713.338.5594 Fax: 713.338.6494
Group Code Identifier		
M – Medicare Advantage	A – Self Funded	L – Large Group S – Small Group I – Individual
Request Turnaround Time Frame		
Standard: 14 calendar days Expedited: 72 hours	Routine: 3 business days Urgent: 2 business days STAT: 2 hours	Routine: 3 calendar days Urgent: 2 calendar days STAT: 2 hours

STAT and Expedited requests:

In some cases, applying the standard/routine time frame for making determinations could seriously jeopardize the life or health of the member, or the member's ability to regain maximum function. STAT or Expedited requests are appropriate when the member's condition requires immediate attention. STAT requests must be called in, and although Expedited requests may be faxed, it is recommended that these requests are also called in as they are time sensitive.

What's next?

- Use the links below to access the Prior Authorization Forms. To ensure an accurate and timely review process, please make sure to have all necessary information complete and ready to go when submitting your request.

Commercial: healthplan.memorialhermann.org/providers/resource-center/

Medicare: healthplan.memorialhermann.org/medicare/resource-center/

- Please have clinical information ready to fax at the time of authorization request.
- All inpatient admissions (with an exception for maternity admissions) require prior authorization.