MTM SERVICE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1106 (3-2016)

Instructions to Providers: Fax this form to 701-328-1544, ATTN: Pharmacy, when contacted by a recipient to provide MTM services. When approved, you will receive a SA number by letter. You will use this SA number when billing for MTM services. Service Authorizations will be approved for one year.

Patient Information

Name	Date of Birth	Medicaid ID Number
☐ Recipient has been contacted by ND Medicaid to enroll in MTM services ☐ Recipient will be filling medications at a different pharmacy ☐ MTM services will be provided using tele-pharmacy (real time audio and visual conferencing)		
MTM Services to be provided: ☐ Rescue inhaler MTM services: 1 CPT 99605 and 5 CPT 99606 will be authorized per 365 day period for ICD-10 Diagnosis code: Z71.89 ☐ Hepatitis C MTM services: 1 CPT 99605 and 2 CPT 99606 will be authorized per 365 day period for ICD-10 Diagnosis code: Z71.89		
MTM Provider Name		
MTM Pharmacy Name		
Provider Billing NPI	Provider Medicaid ID	
MTM Provider Signature		Date