

# “Failure to Obtain Prior Authorization” Dispute Form



MARTIN'S POINT®  
HEALTH CARE

GENERATIONS  
ADVANTAGE

Please note! This form is only used to dispute claims that have denial reasons related to “no prior authorization”. **As indicated in the Martin's Point Provider Manual**, Martin's Point will review payment disputes due to the failure to obtain prior authorization for beneficiaries only under the following circumstances:

- ▶ **Urgent/Emergent:** When waiting for preauthorization could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, or would subject the member to severe pain.
- ▶ **Unable to Know:** Applies when the provider did not have, and was unable to obtain, the patient's insurance information prior to a service being rendered (for example, from an unresponsive patient). This category does not include situations where the provider was able to communicate with the patient prior to giving treatment, but insurance coverage information was not obtained and/or was not verified preservice. Nor does it include situations in which the provider may have had insurance information on file for the patient and assumed it was still in force, or may have requested and copied the patient's insurance card, but failed to verify coverage preservice, and later discovered that the member was not eligible for coverage.
- ▶ **Not Enough Time:** When the patient requires immediate or very near-term medical services (typically related to a service already being performed). For example, during a procedure, the provider identifies an acute need for hospital admission or, the procedure evolves into a different/additional procedure which is performed immediately or scheduled for the same day.

If any of the above criteria are met, a claim denial for lack of prior authorization may be overturned.

Member Name:	Member ID #:
Date of Service:	Martin's Point Claim #:
Provider Name:	Provider NPI #:
Contact Person:	Contact Phone #:
Contact Address:	Contact Fax:

Please **select the reason** for your authorization dispute. **You must explain why** you believe this meets exception criteria in the comments section below. Please note authorization disputes **must be submitted within 120 days of the remittance date**.

**Urgent/Emergent:** Supporting clinical documentation is required.

**Unable to Know:** Supporting documentation is required.

**Not Enough Time:** Supporting documentation is required.

**Comments:**

**Please submit this form to:** Martin's Point Health Care, Health Management Department  
Department, PO Box 11410, Portland, ME 04104-7410 Questions? Visit <https://ForProviders.MartinsPoint.org/Tools/Preauthorization>

Please include all supporting information/documentation not previously submitted. Revised Sept. 2018