



MEDICARE OUTPATIENT AUTHORIZATION  
WELL CARE BY ABSOLUTE TOTAL CARE (HMO D-SNP)

SOUTH CAROLINA

All Part B Drug Requests: **Fax** 1-844-941-1331  
Expedited Requests: **Call** 1-833-998-5401  
Standard Requests: **Fax** 1-844-503-8866  
Behavioral Requests: **Fax** 1-833-325-1827  
Transplant Requests: **Fax** 1-833-414-1670

Request for additional units. Existing Authorization  Units

- ☐ **For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department above.**  
Determination made as expeditiously as the enrollee's health condition requires, but no later than **7** calendar days after receipt of request.
- ☐ **For Expedited requests, Please Call 1-833-998-5401.** Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

\* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID \*  Last Name, First  Date of Birth \*  (MMDDYYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI \*  Requesting TIN \*  Requesting Provider Contact Name

Requesting Provider Name  Phone  Fax \*

SERVICING PROVIDER / FACILITY INFORMATION

☐ Same as Requesting Provider

Servicing NPI \*  Servicing TIN \*  Servicing Provider Contact Name

Servicing Provider/Facility Name  Phone  Fax

AUTHORIZATION REQUEST

Primary Procedure Code \*  (CPT/HCPCS) (Modifier)

Additional Procedure Code  (CPT/HCPCS) (Modifier)

Start Date OR Admission Date \*  (MMDDYYYY)

Diagnosis Code \*  (ICD-10)

Additional Procedure Code  (CPT/HCPCS) (Modifier)

Additional Procedure Code  (CPT/HCPCS) (Modifier)

End Date OR Discharge Date  (MMDDYYYY)

Total Units/Visits/Days

**OUTPATIENT SERVICE TYPE\***

712 Cochlear Implants & Surgery

299 Drug Testing

922 Experimental & Investigational Services

205 Genetic Testing & Counseling

249 Home Health

225 Home Meals

290 Hyperbaric Oxygen Therapy

395 Infertility Diagnosis or Treatment

729 Neuropsychological Testing

410 Observation

997 Office Visit/Consult

422 Biopharmacy (Please fax to 1-844-941-1331)

794 Outpatient Services

171 Outpatient Surgery

202 Pain Management

650 Radiation Therapy

201 Sleep Studies

790 Occupational Therapy

101 Physical Therapy

701 Speech Therapy

212 Therapy Evaluation

993 Transplant Evaluation

724 Transportation

209 Transplant Surgery

**Behavioral Health**

512 BH Community Based Services

513 BH Crisis Psychotherapy

514 BH Day Treatment

515 BH Electroconvulsive Therapy

510 BH Medical Management

516 BH Intensive Outpatient Therapy (IOP)

518 BH Mental Health /Chemical - Dependency Observation

519 BH Outpatient Therapy

530 BH Partial Hospitalization Program (PHP)

520 BH Professional Fees

521 BH Psychological Testing

**DME**

417 DME - Rental

120 DME - Purchase

Purchase Price

**Are services needed for discharge planning?** ☐ YES ☐ NO