



OUTPATIENT MEDICARE AUTHORIZATION FORM

All Part B Drug Requests: **Fax** 844-941-1331
Expedited Requests: **Call** 855-766-1497
Standard Requests: **Fax** 844-503-8866
Transplant Requests: **Fax** 833-414-1669

Request for additional units. Existing Authorization Units

For All Standard or Expedited Part B Drug Requests please FAX to 844-941-1331

For Standard requests, complete this form and FAX to the appropriate department. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after receipt of request.

For Expedited requests, please CALL 855-766-1497. 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

If this request is for a Part B DRUG, please fax to 844-941-1331

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*

(Enter the Service type number in the boxes)

- 422 Biopharmacy (please fax to 844-941-1331)
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental and Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home health
- 290 Hyperbaric Oxygen Therapy
- 141 Imaging
- 395 Infertility Diagnosis or Treatment
- 729 Neuropsychological Testing
- 410 Observation
- 997 Office Visit/Consult

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 650 Radiation Therapy
- 201 Sleep Study
- 212 Therapy Evaluation
- 790 Occupational Therapy
- 101 Physical Therapy
- 701 Speech Therapy
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

Behavioral Health

- 510 BH Medical Management
- 530 BH PHP
- 512 BH Community Based Services
- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 518 BH Mental Health /Chemical Dependency Observation
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 521 BH Psychological Testing
- 522 BH Psychiatric Evaluation

DME (Orthotics and Prosthetics)

- 417 Rental
- 120 Purchase (Purchase Price)

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.

COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Rev. 12 22 2020
SM-PAF-1876