



OUTPATIENT MEDICARE AUTHORIZATION FORM

Standard Requests: Fax to 1-844-503-8866
Part B Drug requests: Fax to 1-844-941-1331

Request for additional units. Existing Authorization

Units

For Standard requests, complete this form and FAX to 1-844-503-8866. 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 1-855-766-1497. 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.

For Part B Drug requests please fax to 1-844-941-1331.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

		Date of Birth*
Member ID*	Last Name, First	(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*	Additional Procedure Code	Start Date OR Admission Date*	Diagnosis Code*
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)
Additional Procedure Code	Additional Procedure Code	End Date OR Discharge Date	Total Units/Visits/Days
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	

OUTPATIENT SERVICE TYPE*

(Enter the Service type number in the boxes)

- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental & Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home Health
- 290 Hyperbaric Oxygen Therapy
- 395 Infertility Diagnosis or Treatment
- 729 Neuropsychological Testing
- 410 Observation
- 997 Office Visit/Consult
- 794 Outpatient Services

- 171 Outpatient Surgery
- 202 Pain Management
- 201 Sleep Study
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

DME (Orthotics and Prosthetics)

- 417 Rental
- 120 Purchase (Purchase Price)

Therapy

- 790 Occupational
- 101 Physical
- 650 Radiation
- 701 Speech
- 212 Evaluation

BEHAVIORAL HEALTH

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

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

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.

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