



# OUTPATIENT MEDICARE AUTHORIZATION FORM

Standard Requests: Fax to 1-844-522-9881  
Part B Drug request: Fax to 1-844-943-1509

Request for additional units. Existing Authorization

Units

**For Standard requests, complete this form and FAX to 1-844-522-9881.** 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 1-855-766-1572.** 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 request please fax 1-844-943-1509.**

\* 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

<b>Primary</b> Procedure Code*	<b>Additional</b> Procedure Code	<b>Start Date OR</b> Admission Date*	<b>Diagnosis Code*</b>
(CPT/HCPCS)	(Modifier)	(MMDDYYYY)	(ICD-10)
<b>Additional</b> Procedure Code	<b>Additional</b> Procedure Code	<b>End Date OR</b> Discharge Date	Total Units/Visits/Days
(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 and Counseling
- 249 Home Health
- 290 Hyperbaric Oxygen Therapy
- 395 Infertility Diagnosis-Treatment
- 729 Neuropsychological Testing
- 410 Observation
- 790 Occupational Therapy
- 997 Office Visit/Consult
- 422 Biopharmacy (Please fax to 1-844-943-1509)

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

### BEHAVIORAL HEALTH SERVICE TYPE

- 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
- 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.

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