



OUTPATIENT MEDICARE AUTHORIZATION FORM

Standard Requests: Fax to 1-844-280-2630
Part B Drug request: Fax to 1-844-943-1511

Request for additional units. Existing Authorization

Units

For Standard requests, complete this form and FAX to 1-844-280-2630. 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 1-855-766-1452. 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 1-844-943-1511.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID *		Date of Birth *
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 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 1-844-943-1511)

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 101 Physical Therapy
- 650 Radiation Therapy
- 999 Referral
- 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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