



OUTPATIENT MEDICARE AUTHORIZATION FORM

All Part B Drug Requests: **Fax** 1-844-943-1511
Expedited Requests: **Call** 1-855-766-1452
Standard Requests: **Fax** 1-844-280-2630
Transplant Requests: **Fax** 1-833-974-3110

Request for additional units. Existing Authorization Units

For All Standard or Expedited Part B Drug Requests please FAX to 1-844-943-1511.

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 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.

* 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 1-844-952-1486.

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)

- | | |
|---|--|
| 712 Cochlear Implants & Surgery | 650 Radiation Therapy |
| 299 Drug Testing | 201 Sleep Study |
| 922 Experimental and Investigational Services | 212 Therapy Evaluation |
| 205 Genetic Testing & Counseling | 790 Occupational Therapy |
| 249 Home health | 101 Physical Therapy |
| 290 Hyperbaric Oxygen Therapy | 701 Speech Therapy |
| 141 Imaging | 993 Transplant Evaluation |
| 395 Infertility Diagnosis or Treatment | 209 Transplant Surgery |
| 729 Neuropsychological Testing | 724 Transportation |
| 410 Observation | 422 Biopharmacy (Please fax to 844-943-1511) |
| 997 Office Visit/Consult | |
| 794 Outpatient Services | |
| 171 Outpatient Surgery | |
| 202 Pain Management | |

DME

- | |
|-----------------------------------|
| 417 Rental <input type="text"/> |
| 120 Purchase <input type="text"/> |
- (Purchase Price)

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 |

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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