

# OUTPATIENT MEDICARE AUTHORIZATION FORM

Request for additional units. Existing Authorization  Units

**For All Standard or Expediated Part B Drug Requests, please fax to 844-960-1785.**

**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 800-218-7508.** 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 844-960-1785.

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
- 299 Drug Testing
- 922 Experimental & Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home health
- 225 Home Meals
- 290 Hyperbaric Oxygen Therapy
- 395 Infertility Diagnosis or Treatment
- 729 Neuropsychological Testing
- 410 Observation
- 997 Office Visit/Consult
- 794 Outpatient Services
- 422 Biopharmacy (Please fax to 1-844-960-1785)

- 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**
- 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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