



# OUTPATIENT MEDICARE AUTHORIZATION FORM

Standard Requests: Fax to 1-844-330-7158  
Part B Drug request: Fax to 1-844-941-1327

Request for additional units. Existing Authorization  Units

**For Standard requests, complete this form and FAX to 1-844-330-7158.** 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 1-844-786-7711.** 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 1-844-941-1327.**

\* 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

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

- 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)

422 Biopharmacy (Please fax to 1-844-941-1327)

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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