

# OUTPATIENT MEDICARE AUTHORIZATION FORM

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 time frame 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)
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## 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 Procedure Code *</b> (CPT/HCPCS) (Modifier)	<b>Additional Procedure Code</b> (CPT/HCPCS) (Modifier)	<b>Start Date OR Admission Date *</b> (MMDDYYYY)	<b>Diagnosis Code *</b> (ICD-10)
<b>Additional Procedure Code</b> (CPT/HCPCS) (Modifier)	<b>Additional Procedure Code</b> (CPT/HCPCS) (Modifier)	<b>End Date OR Discharge Date</b> (MMDDYYYY)	<b>Total Units/Visits/Days</b>

### OUTPATIENT SERVICE TYPE \*

(Enter the Service type number in the boxes)

- 422 Biopharmacy
- 401 Cardiac/Pulmonary Rehab
- 413 Cardiac/Pulmonary Rehab (non-par)
- 299 Drug Testing
- 416 Drug Testing (non-par)
- 709 Genetic Testing & Counseling
- 409 Genetic Testing & Counseling (non-par)
- 249 Home Health
- 290 Hyperbaric Oxygen Therapy
- 458 Hyperbaric Oxygen Therapy (non-par)
- 395 Infertility Diagnosis or Treatment
- 459 Infertility Diagnosis or Treatment (non-par)
- 729 Neuropsych Testing

- 410 Observation
- 443 Observation (non-par)
- 408 Office Visit (non-par only)
- 445 Outpatient Services
- 171 Outpatient Surgery
- 406 Outpatient Surgery (non-par)
- 202 Pain Management
- 650 Radiation Therapy
- 418 Radiation Therapy (non-par)
- 201 Sleep Study
- 446 Sleep Study (non-par)
- 724 Transportation
- 792 Vendor

### DME (Orthotics and Prosthetics)

- 417 Rental
  - 120 Purchase
- (Purchase Price)

### Therapy Evaluation

- 279 Occupational Therapy Evaluation (non-par only)
- 971 Physical Therapy Evaluation (non-par only)
- 127 Speech Therapy Evaluation (non-par only)

### Therapy Treatment

- 790 Occupational
- 101 Physical
- 701 Speech

**Outpatient Services Example:**  
-Skin Debridement/wound care

**Home Health Example:**  
-Skilled Nursing Visits

**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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