OUTPATIENT MEDICARE AUTHORIZATION FORM

allwell. FROM arkansas health & wellness

Expedited requests: **Call** 1-855-565-9518
Standard Requests: **Fax** to 1-833-526-7172

☐ Request for additional units. Existing Authorization _____ Units _____

☐ **For Standard requests, complete this form and FAX to 1-833-526-7172.** 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 1-855-565-9518.** 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

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) _____

422 Biopharmacy
712 Cochlear Implants & Surgery
299 Drug Testing
922 Experimental Investigational Services
799 Genetic Counseling
709 Genetic Testing
249 Home Health
290 Hyperbaric Oxygen Therapy
395 Infertility Diagnosis or Treatment
729 Neuropsych Testing
410 Observation
997 Office Visit/Consult
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
650 Radiation Therapy
201 Sleep Study
790 Occupational Therapy
101 Physical Therapy
701 Speech Therapy
992 Transplant
724 Transportation
792 Vendor

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.

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