



# OUTPATIENT MEDICARE AUTHORIZATION FORM

Standard Requests: Fax to 1-833-526-7172  
Part B Drug request: Fax to 1-844-952-1486

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.

For Part B Drug request please fax 1-844-952-1486.

\* 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

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

<b>OUTPATIENT SERVICE TYPE *</b>		(Enter the Service type number in the boxes)	
712 Cochlear Implants & Surgery	794 Outpatient Services	<b>BEHAVIORAL HEALTH SERVICE TYPE</b>	
299 Drug Testing	171 Outpatient Surgery	510 BH Medical Management	<b>DME (Orthotics and Prosthetics)</b>
922 Experimental Investigational Services	202 Pain Management	530 BH PHP	
205 Genetic Testing and Counseling	101 Physical Therapy	512 BH Community Based Services	
249 Home Health	650 Radiation Therapy	513 BH Crisis Psychotherapy	
290 Hyperbaric Oxygen Therapy	201 Sleep Study	514 BH Day Treatment	
395 Infertility Diagnosis-Treatment	701 Speech Therapy	515 BH Electroconvulsive Therapy	
729 Neuropsychological Testing	212 Therapy Evaluation	518 BH Mental Health /Chemical	
410 Observation	993 Transplant Evaluation	519 BH Outpatient Therapy	
790 Occupational Therapy	209 Transplant Surgery	520 BH Professional Fees	
997 Office Visit/Consult	724 Transportation	521 BH Psychological Testing	
422 Biopharmacy (Please fax to 1-844-952-1486)		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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