

OUTPATIENT MEDICARE AUTHORIZATION FORM

All Part B Drug Requests: **Fax** 844-943-1509
 Expedited Requests: **Call** 855-766-1572
 Standard Requests: **Fax** 844-522-9881
 Transplant Requests: **Fax** 833-414-1672
 Behavioral Health Requests: **Fax** 833-315-2228

Request for additional units. Existing Authorization Units

For All Standard or Expedited Part B Drug requests, please fax to 844-943-1509

For Standard (Elective Admission) 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 855-766-1572. 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 844-943-1509.

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 | 650 Radiation Therapy |
| 299 Drug Testing | 201 Sleep Study |
| 922 Experimental and Investigational Services | 212 Therapy Evaluation |
| 205 Genetic Testing & Counseling | 790 Occupational Therapy |
| 249 Home health | 101 Physical Therapy |
| 290 Hyperbaric Oxygen Therapy | 701 Speech Therapy |
| 141 Imaging | 993 Transplant Evaluation |
| 395 Infertility Diagnosis or Treatment | 209 Transplant Surgery |
| 729 Neuropsychological Testing | 724 Transportation |
| 410 Observation | 422 Biopharmacy (Please fax to 844-943-1509) |
| 997 Office Visit/Consult | |
| 794 Outpatient Services | DME |
| 171 Outpatient Surgery | 417 Rental <input type="text"/> |
| 202 Pain Management | 120 Purchase <input type="text"/> (Purchase Price) |

Behavioral Health

- 510 BH Medical Management
- 530 BH PHP
- 513 BH Crisis Psychotherapy
- 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

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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