

# OUTPATIENT MEDICARE AUTHORIZATION FORM

Request for additional units. Existing Authorization

Units

**For Standard requests, complete this form and FAX to 1-844-259-4568.** 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 1-855-766-1456.** 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)	Additional Procedure Code (CPT/HCPCS)	Start Date OR Admission Date * (MMDDYYYY)	Diagnosis Code * (ICD-10)
Additional Procedure Code (CPT/HCPCS)	Additional Procedure Code (CPT/HCPCS)	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
- 992 Transplant
- 724 Transportation
- 792 Vendor

### DME (Orthotics and Prosthetics)

- 417 Rental
- 120 Purchase  
(Purchase Price)

### Therapy

- 790 Occupational
- 101 Physical
- 701 Speech



**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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