



MEDICARE OUTPATIENT AUTHORIZATION

PENNSYLVANIA

All Part B Drug Requests: **Fax** 844-941-1330
Expedited Requests: **Call** 1-855-766-1456
Standard Requests: **Fax** 1-844-259-4568
Transplant Requests: **Fax** 1-833-590-1585
Behavioral Requests: **Fax** 1-833-325-1772

☐ Request for additional units. Existing Authorization Units

For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department above. 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 * <input type="text"/> (CPT/HCPCS) <input type="text"/> (Modifier)	Additional Procedure Code <input type="text"/> (CPT/HCPCS) <input type="text"/> (Modifier)	Start Date OR Admission Date * <input type="text"/> (MMDDYYYY)	Diagnosis Code * <input type="text"/> (ICD-10)
Additional Procedure Code <input type="text"/> (CPT/HCPCS) <input type="text"/> (Modifier)	Additional Procedure Code <input type="text"/> (CPT/HCPCS) <input type="text"/> (Modifier)	End Date OR Discharge Date <input type="text"/> (MMDDYYYY)	Total Units/Visits/Days <input type="text"/>

OUTPATIENT SERVICE TYPE *

(Enter the Service type number in the boxes)

712 Cochlear Implants & Surgery
299 Drug Testing
922 Experimental & Investigational Services
205 Genetic Testing & Counseling
249 Home Health
290 Hyperbaric Oxygen Therapy
395 Infertility Diagnosis or Treatment
729 Neuropsychological Testing
410 Observation
997 Office Visit/Consult
709 Genetic Testing- For Genetic Testing
please include GTU:

794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
650 Radiation Therapy
201 Sleep Studies
790 Occupational Therapy
101 Physical Therapy
701 Speech Therapy
212 Therapy Evaluation
993 Transplant Evaluation
724 Transportation

Behavioral Health

512 BH Community Based Services
513 BH Crisis Psychotherapy
514 BH Day Treatment
515 BH Electroconvulsive Therapy
510 BH Medical Management
516 BH Intensive Outpatient Therapy (IOP)
518 BH Mental Health /Chemical -
Dependency Observation
519 BH Outpatient Therapy
530 BH Partial Hospitalization Program (PHP)
520 BH Professional Fees
522 BH Psychiatric Evaluation

DME

417 DME - Rental
120 DME - Purchase

Purchase Price

Are services needed for discharge planning? ☐ YES ☐ NO

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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