

# OUTPATIENT MEDICARE AUTHORIZATION FORM

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

Request for additional units. Existing Authorization  Units

**For All Standard or Expedited Part B Drug requests, please fax to 1-844-941-1330**  
**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

If this request is for a Part B DRUG, please fax to 1-844-941-1330.

Primary Procedure Code\*  (CPT/HCPCS) Modifier   
 Additional Procedure Code  (CPT/HCPCS) Modifier   
 Start Date OR Admission Date\*  (MMDDYYYY)  
 End Date OR Discharge Date  (MMDDYYYY)  
 Diagnosis Code\*  (ICD-10)  
 Total Units/Visits/Days

### OUTPATIENT SERVICE TYPE\*

(Enter the Service type number in the boxes)

712 Cochlear Implants & Surgery	650 Radiation Therapy	<b>Behavioral Health</b>	<b>DME</b>
299 Drug Testing	201 Sleep Study	510 BH Medical Management	417 Rental <input type="text"/>
922 Experimental and Investigational Services	212 Therapy Evaluation	530 BH PHP	120 Purchase <input type="text"/>
205 Genetic Testing & Counseling	790 Occupational Therapy	512 BH Community Based Services	(Purchase Price)
249 Home health	101 Physical Therapy	513 BH Crisis Psychotherapy	
290 Hyperbaric Oxygen Therapy	701 Speech Therapy	514 BH Day Treatment	
141 Imaging	993 Transplant Evaluation	515 BH Electroconvulsive Therapy	
395 Infertility Diagnosis or Treatment	209 Transplant Surgery	518 BH Mental Health /Chemical Dependency Observation	
729 Neuropsychological Testing	724 Transportation	519 BH Outpatient Therapy	
410 Observation		520 BH Professional Fees	
997 Office Visit/Consult		521 BH Psychological Testing	
794 Outpatient Services		522 BH Psychiatric Evaluation	
171 Outpatient Surgery			
202 Pain Management	422 Biopharmacy (Medicare Part B Rx Fax to 844-941-1330)		

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.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.