



OUTPATIENT MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 844-810-7965
Standard Requests: **Fax** to 844-259-0505

Request for additional units. Existing Authorization

Units

For Standard requests, complete this form and FAX to 844-259-0505. 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 844-810-7965. 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

		Date of Birth*
Member ID*	Last Name, First	(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*	Additional Procedure Code	Start Date OR Admission Date*	Diagnosis Code*
(CPT/HCPCS)	(Modifier)	(MMDDYYYY)	(ICD-10)
Additional Procedure Code	Additional Procedure Code	End Date OR Discharge Date	Total Units/Visits/Days
(CPT/HCPCS)	(Modifier)	(MMDDYYYY)	

OUTPATIENT SERVICE TYPE*

(Enter the Service type number in the boxes)

- 422 Biopharmacy
- 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
- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 201 Sleep Study
- 724 Transport

- THERAPY**
- 212 Evaluation
 - 790 Occupational
 - 101 Physical
 - 650 Radiation
 - 701 Speech

- DME**
- 417 Rental
 - 120 Purchase

\$
Purchase Price

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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