



OUTPATIENT MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-877-935-8022
Standard Requests: **Fax** to 1-877-617-0394

Request for additional units. Existing Authorization

Units

For Standard requests, complete this form and FAX to 1-877-617-0394. 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 1-877-935-8022. 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)
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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) (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)

- 422 Biopharmacy
- 401 Cardiac Pulmonary Rehab
- 420 Pulmonary Rehab
- 299 Drug Testing
- 709 Genetic Testing
- 249 Home Health
- 225 Home Meals
- 729 Neuropsych Testing

- 410 Observation
- 794 Outpatient Services
- 171 Outpatient Surgery
- 997 Office Visit/Consult (non par only)
- 202 Pain Management
- 201 Sleep Study
- 617 Non-Emergent Medical
Transportation-Ambulance Only
- 290 Hyperbaric Oxygen Therapy

DME (Orthotics and Prosthetics)

- 417 Rental
- 120 Purchase
(Purchase Price)

Therapy

- 790 Occupational
- 101 Physical
- 701 Speech

Outpatient Services Example:
-Skin Debridement/wound care

Home Health Example:
-Skilled Nursing Visits

**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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