



# OUTPATIENT MEDICARE AUTHORIZATION FORM

Standard Requests: Fax to 1-833-783-3178  
Part B Drug request: Fax to 1-844-943-1510

Request for additional units. Existing Authorization

Units

For Standard requests, complete this form and FAX to 1-833-783-3178. 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 1-844-239-7387. 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.

For Part B Drug request please fax 1-844-943-1510.

\* 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)

- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental Investigational Services
- 205 Genetic Testing and Counseling
- 249 Home Health
- 290 Hyperbaric Oxygen Therapy
- 395 Infertility 395 Infertility Diagnosis-Treatment
- 729 Neuropsychological Testing
- 410 Observation
- 790 Occupational Therapy
- 997 Office Visit/Consult

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 101 Physical Therapy
- 650 Radiation Therapy
- 201 Sleep Study
- 701 Speech Therapy
- 212 Therapy Evaluation
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

### BEHAVIORAL HEALTH SERVICE TYPE

- 510 BH Medical Management
- 530 BH PHP
- 512 BH Community Based Services
- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 518 BH Mental Health /Chemical
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 521 BH Psychological Testing
- 522 BH Psychiatric Evaluation

### DME (Orthotics and Prosthetics)

- 417 Rental
- 120 Purchase  
(Purchase Price)

422 Biopharmacy (Please fax to 1-844-943-1510)

**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.

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