



OUTPATIENT MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-855-766-1541
Standard Requests: **Fax** to 1-844-208-4156

Request for additional units. Existing Authorization

Units

For Standard requests, complete this form and FAX to 1-844-208-4156. 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 1-855-766-1541. 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 * Additional Procedure Code Start Date OR Admission Date * Diagnosis Code *
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)
Additional Procedure Code Additional Procedure Code End Date OR Discharge Date Total Units/Visits/Days
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY)

OUTPATIENT SERVICE TYPE* (Enter the Service type number in the boxes)

422 Biopharmacy	410 Observation	DME (Orthotics and Prosthetics)
712 Cochlear Implants & Surgery	997 Office Visit/Consult	
299 Drug Testing	794 Outpatient Services	417 Rental
922 Experimental Investigational Services	171 Outpatient Surgery	120 Purchase
799 Genetic Counseling	202 Pain Management	(Purchase Price)
709 Genetic Testing	650 Radiation Therapy	Therapy
249 Home Health	201 Sleep Study	
290 Hyperbaric Oxygen Therapy	992 Transplant	
395 Infertility Diagnosis or Treatment	724 Transportation	
729 Neuropsych Testing	792 Vendor	

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.

