

## **MEDICARE OUTPATIENT AUTHORIZATION**

OHIO

All Part B Drug Requests: Fax 1-844-941-1329 Expedited Requests: Call 1-866-389-7690 Standard Requests: Fax 1-833-660-1992 Transplant Requests: Fax 1-844-974-3115

Servicing NPI*  Servicing Provider Contact Name  Phone  Phone  Fax  SurthOrdization Request  rimary Procedure Code  Additional Procedure Code  Start Date OR Admission Date  Diagnosis Code  (ICD-10)  dditional Procedure Code  Additional Procedure Code  End Date OR Discharge Date  Total Units/Visits/Days		;	general section of the section of th	navioral Health Requests: <b>Fax</b> I-833-320-2892
TITHORIZATION REQUEST  Figure No. 2004  Figure 1904  Figu	Request for additional units. Existing Author	prization	Units	
under the standard time fame could place the enrollee's life, health, or ability to regain maximum function in senous jeopardy.  **Prolicatins Required FileD    Prolication   Provided Name		orm and FAX to 1-833-660-1992. Dete	rmination made as expeditiously as the enrollee's hea	alth condition requires, but no later than 14
IEMBER INFORMATION  Bender ID*  Last Name, First  PRODUCTION  Requesting Provider Name  Place  Place  Requesting Provider Contact Name  Requesting Provider Contact Name  Place  Requesting Provider Contact Name  Requesting Provider Contact Name  Place  Requesting Provider Contact Name  Place  Requesting Provider Contact Name  Requesting Provider Contact Name  Requ				hat waiting for a decision
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COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.