



# MEDICARE OUTPATIENT AUTHORIZATION

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

Request for additional units. Existing Authorization  Units

**For All Standard or Expedited Part B Drug Requests please FAX to 1-844-941-1329.**

**For Standard requests, complete this form and FAX to 1-833-660-1992.** 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 1-866-389-7690** 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

If this request is for a Part B DRUG, please fax to 1-844-941-1329.

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 (please fax to 1-844-941-1329)
- 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 Neuropsych Testing
- 410 Observation
- 997 Office Visit/Consult

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

### DME (Orthotics and Prosthetics)

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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