



# OUTPATIENT MEDICARE AUTHORIZATION FORM

Standard Requests: **Fax** to 844-996-0202  
Part B Drug Requests: **Fax** to 844-960-1791  
Behavioral Health Requests: **Fax** to 833-684-1679  
Transplant Requests: **Fax** to 833-769-1146

☐ Request for additional units. Existing Authorization  Units

**For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department above.** 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 1-800-977-7522 .** 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 requests, please fax to 844-960-1791**

\* 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 \*

(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 and Investigational Services  
205 Genetic Testing & Counseling  
249 Home health  
290 Hyperbaric Oxygen Therapy  
395 Infertility Diagnosis or Treatment  
729 Neuropsychological 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  
724 Transportation  
993 Transplant Evaluation  
209 Transplant Surgery  
422 Biopharmacy (Please fax to 1-844-960-1791)

### DME

417 Rental  
120 Purchase

(Purchase Price)

### Behavioral Health

510 BH Medical Management  
530 BH PHP  
513 BH Crisis Psychotherapy  
514 BH Day Treatment  
515 BH Electroconvulsive Therapy  
519 BH Outpatient Therapy  
520 BH Professional Fees  
521 BH Psychological Testing  
522 BH Psychiatric Evaluation

**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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Rev. 09 11 2023  
JI-PAF-6029