



OUTPATIENT MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-800-218-7508
Standard Requests: **Fax** 1-877-808-9368
Behavioral Health Requests/Medical Records:
Fax 1-855-772-7079

Request for additional units. Existing Authorization

Units

For Standard requests, complete this form and FAX to 1-877-808-9368. 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 1-800-218-7508. 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	171 Outpatient Surgery	Behavioral Health	
712 Cochlear Implants & Surgery	202 Pain Management	510 BH Medical Management	DME
299 Drug Testing	650 Radiation Therapy	530 BH PHP	
922 Experimental and Investigational Services	201 Sleep Study	512 BH Community Based Services	417 Rental
205 Genetic Testing & Counseling	212 Therapy Evaluation	513 BH Crisis Psychotherapy	120 Purchase
249 Home health	790 Occupational Therapy	514 BH Day Treatment	(Purchase Price)
225 Home Meals	101 Physical Therapy	515 BH Electroconvulsive Therapy	
290 Hyperbaric Oxygen Therapy	701 Speech Therapy	518 BH Mental Health /Chemical Dependency Observation	
395 Infertility Diagnosis or Treatment	993 Transplant Evaluation	519 BH Outpatient Therapy	
729 Neuropsychological Testing	209 Transplant Surgery	520 BH Professional Fees	
410 Observation	724 Transportation	521 BH Psychological Testing	
997 Office Visit/Consult		522 BH Psychiatric Evaluation	
794 Outpatient Services			

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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