



# MEDICARE OUTPATIENT AUTHORIZATION ARIZONA

All Part B Drug Requests: **Fax** 844-952-1487  
Expedited Requests: **Call** 800-977-7522  
Standard Requests: **Fax** 877-808-9362  
Transplant Requests: **Fax** 833-974-3120  
Behavioral Health Requests: **Fax** 844-918-1192

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 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.

\* 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             | 650 Radiation Therapy                        |
| 299 Drug Testing                            | 201 Sleep Study                              |
| 922 Experimental & Investigational Services | 212 Therapy Evaluation                       |
| 205 Genetic Testing & Counseling            | 790 Occupational Therapy                     |
| 249 Home health                             | 101 Physical Therapy                         |
| 290 Hyperbaric Oxygen Therapy               | 701 Speech Therapy                           |
| 395 Infertility Diagnosis or Treatment      | 993 Transplant Evaluation                    |
| 729 Neuropsychological Testing              | 209 Transplant Surgery                       |
| 410 Observation                             | 724 Transportation                           |
| 997 Office Visit/Consult                    | 422 Biopharmacy (Please fax to 844-952-1487) |
| 794 Outpatient Services                     |  |
| 171 Outpatient Surgery                      |  |
| 202 Pain Management                         |  |
- DME**  
417 Rental   
120 Purchase  (Purchase Price)

### Behavioral Health

- 510 BH Medical Management
- 530 BH Partial Hospitalization Program (PHP)
- 512 BH Community Based Services
- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 518 BH Mental Health /Chemical Dependency Observation
- 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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