



# MEDICARE OUTPATIENT AUTHORIZATION

OKLAHOMA

All Part B Drug Requests: **Fax** 1-833-829-0349  
Expedited Requests: **Call** 1-833-853-0866  
Standard Requests: **Fax** 1-833-829-0342  
Transplant Requests: **Fax** 1-833-829-0351  
Behavioral Health Requests: **Fax** 1-833-982-4240

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 1-833-853-0866.** 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	794 Outpatient Services	<b>Behavioral Health</b>	<b>DME</b>
299 Drug Testing	171 Outpatient Surgery	510 BH Medical Management	417 DME - Rental
922 Experimental & Investigational Services	202 Pain Management	530 BH Partial Hospitalization Program (PHP)	120 DME - Purchase
205 Genetic Testing & Counseling	650 Radiation Therapy	513 BH Crisis Psychotherapy	<input type="text"/> Purchase Price
249 Home Health	201 Sleep Studies	514 BH Day Treatment	<b>Are services needed for discharge planning?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
225 Home Meals	790 Occupational Therapy	515 BH Electroconvulsive Therapy	
290 Hyperbaric Oxygen Therapy	101 Physical Therapy	519 BH Outpatient Therapy	
395 Infertility Diagnosis or Treatment	701 Speech Therapy	520 BH Professional Fees	
729 Neuropsychological Testing	212 Therapy Evaluation	521 BH Psychological Testing	
410 Observation	993 Transplant Evaluation	522 BH Psychiatric Evaluation	
997 Office Visit/Consult	724 Transportation		
422 Biopharmacy (Please fax to 1-833-829-0349)	209 Transplant Surgery		

**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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