



# MEDICARE OUTPATIENT AUTHORIZATION

OKLAHOMA

All Part B Drug Requests: **Fax** 1-833-829-0349

Duals Expedited Requests: **Call** 1-844-796-6811

Non Duals Expedited Requests: **Call** 1-800-977-7522

Standard Requests: **Fax** 1-833-829-0342

Transplant Requests: **Fax** 1-833-829-0351

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 7 calendar days after receipt of request.

**For Expedited requests, Please Call 1-800-977-7522. For Duals call, 1-844-796-6811.** 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

\* 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)

712 Cochlear Implants & Surgery  
299 Drug Testing  
922 Experimental & Investigational Services  
205 Genetic Testing & Counseling  
249 Home Health  
225 Home Meals  
290 Hyperbaric Oxygen Therapy  
395 Infertility Diagnosis or Treatment  
729 Neuropsychological Testing  
410 Observation  
997 Office Visit/Consult  
794 Outpatient Services  
422 Biopharmacy (Please fax to 1-833-829-0349)

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

709 Genetic Testing- For Genetic Testing  
please include GTU:

### DME

417 DME - Rental  
120 DME - Purchase

Purchase Price

**Are services needed for  
discharge planning?**

☐ YES ☐ NO

### Behavioral Health

510 BH Medical Management  
512 BH Community Based Services  
513 BH Crisis Psychotherapy  
514 BH Day Treatment  
515 BH Electroconvulsive Therapy  
516 BH Intensive Outpatient Therapy (IOP)  
519 BH Outpatient Therapy  
520 BH Professional Fees  
521 BH Psychological Testing  
522 BH Psychiatric Evaluation  
530 BH Partial Hospitalization Program

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.

Rev. 07.29.2024  
OA-PAF-6273