peach state health plan
Medicare Advantage

OUTPATIENT MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-877-725-7748
Standard Requests: **Fax** to 1-877-689-1055

☐ Request for additional units. Existing Authorization _____ Units _____

For Standard requests, complete this form and FAX to 1-877-689-1055. 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 1-877-725-7748. 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) _____

422 Biopharmacy
401 Cardiac Pulmonary Rehab
420 Pulmonary Rehab
299 Drug Testing
709 Genetic Testing
249 Home Health
600 Home Infusion
729 Neuropsych Testing

410 Observation
794 Outpatient Services
171 Outpatient Surgery
997 Office Visit/Consult (non par only)
202 Pain Management
201 Sleep Study
617 Non-Emergent Medical Transportation-Ambulance Only
290 Hyperbaric Oxygen Therapy

DME (Orthotics and Prosthetics)

417 Rental
120 Purchase _____ (Purchase Price)

Therapy

790 Occupational
101 Physical
701 Speech

Outpatient Services Example:
-Skin Debridement/wound care

Home Health Example:
-Skilled Nursing Visits

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.