



TRILLIUM OUTPATIENT PRIOR AUTHORIZATION

Expedited Medicare Requests Call: 1-844-867-1156

Standard Medicare Requests Fax: 1-844-371-7765

Medicare Part B Drug Fax: 1-844-962-1481

Standard Medicaid Requests Fax: 1-866-703-0958

Request for additional units. Existing Authorization

Units

Standard (Elective Admission Requests) - Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after receipt of request

Urgent Medicaid Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

Comorbid/Exceptional needs

For Part B Drug request please FAX to 1-844-962-1481.

*INDICATES REQUIRED FIELD

Date of Birth *

MEMBER INFORMATION

Member ID/Medicaid ID *

Last Name, First *

(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 Experimentatl & Investigational Services
205 Genetic Testing & Counseling
249 Home Health
390 Hospice Services
290 Hyperbaric Oxygen Therapy
729 Imaging Services
395 Infertility Diagnosis or Treatment
729 Neuropsychological Testing
410 Observation
997 Office Visit/Consult
794 Outpatient Services

171 Outpatient Surgery
202 Pain Management
201 Sleep Study
993 Transplant Evaluation
209 Transplant Surgery
724 Transportation

DME (Orthotics and Prosthetics)

417 Rental
120 Purchase

(Purchase Price)

422 Biopharmacy (Medicare Part B Fax to 1-844-962-1481)

Therapy

790 Occupational
101 Physical
650 Radiation
701 Speech
212 Evaluation

Additional Diagnosis Code

(ICD-10)

Additional Diagnosis Code

(ICD-10)

Additional Diagnosis Code

(ICD-10)

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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