



BEHAVIORAL HEALTH OUTPATIENT MEDICARE AUTHORIZATION FORM

Expedited Requests **Call:** 1-833-616-0645
Standard Requests **Fax:** 1-833-505-1300

Request for additional units. Existing Authorization Units

For Expedited requests, please CALL 1-833-616-0645. 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.

For Standard requests, complete this form and FAX to the appropriate department. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after receipt of request.

* 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 If this request is for a Part B DRUG, please fax to 1-844-867-1156.

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)

- 510 BH Medical Management
- 530 BH PHP
- 513 BH Crisis Psychotherapy
- 515 BH Electroconvulsive Therapy
- 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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