TRILLIUM OUTPATIENT PRIOR AUTHORIZATION

Trillium Community Health Plan

Expedited MedIcare Requests **Call**: 1-844-867-1156
ALL Medicare Part B Rx Fax: (844) 962-1481
ALL Transplant Requests Fax: (833) 590-1580
Standard Medicare Requests Fax: (844) 371-7765
Standard Medicaid Requests Fax: (866) 703-0958
Buy & Bill Drugs Fax: (833) 782-0054

☐ **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 7 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**

***INDICATES REQUIRED FIELD**

***ALL Medicare Part B Rx Requests Fax to (844) 962-1481**

MEMBER INFORMATION

Member ID/Medicaid 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

***Please fax All Medicare Part B Rx Requests to (844) 962-1481**

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

Additional Diagnosis Code (ICD-10)

Additional Diagnosis Code (ICD-10)

Additional Diagnosis Code (ICD-10)

OUTPATIENT SERVICE TYPE *

(Enter the Service type number in the boxes) _____

472 Stereotactic Radiosurgery
712 Cochlear Implants & Surgery
299 Drug Testing
922 Experimental and Investigational Services
205 Genetic Testing & Counseling
249 Home Health
390 Hospice Services
290 Hyperbaric Oxygen Therapy
395 Infertility Diagnosis or Treatment
729 Neuropsychological Testing
410 Observation
171 Outpatient Surgery
794 Outpatient Services
202 Pain Management
993 Transplant Evaluation
209 Transplant Surgery
650 Radiation Therapy
201 Sleep Study
997 Office Visit/Consult
724 Transportation

Therapy

790 Occupational Therapy
101 Physical Therapy
701 Speech Therapy

DME (Orthotics and Prosthetics)

417 Rental
120 Purchase
(Purchase Price)

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

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.

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