



TRILLIUM OUTPATIENT PRIOR AUTHORIZATION

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

Fax Other Requests to:
(844) 371-7765 Medicare
(866)-703-0958 Medicaid

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

*** INDICATES REQUIRED FIELD**

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

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)

Additional Diagnosis Code

OUTPATIENT SERVICE TYPE *

(Enter the Service type number in the boxes)

475 Allergy Injections
 412 Auditory Services
 712 Cochlear Implants Surgery
 422 Biopharmacy
 299 Drug Testing
 922 Experimental and Investigational Services
 709 Genetic Testing
 249 Home Health
 390 Hospice Services
 290 Hyperbaric Oxygen Therapy
 395 Infertility Diagnosis or Treatment

400 Inpatient Services (Surgery)
 410 Observation
 171 Outpatient Surgery
 794 Outpatient Services
 401 Cardiac/Pulmonary Rehab
 202 Pain Management
 650 Radiation Therapy
 201 Sleep Study
 997 Office Visit/Consult
 750 Fixed Wing Air Transport
 792 Vendor

Therapy Evaluation

279 Occupational Therapy Evaluation (non-par only)
 971 Physical Therapy Evaluation (non-par only)
 127 Speech Therapy Evaluation (non-par only)

Therapy Treatment

790 Occupational
 101 Physical
 701 Speech

DME (Orthotics and Prosthetics)

417 Rental
 120 Purchase

(Purchase Price)

(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.

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. 12 7 2017
OR-PAF-1019

