



MEDICARE OUTPATIENT AUTHORIZATION WISCONSIN

All Part B Drug Requests: **Fax** 844-960-1787
Expedited Requests: **Call** 877-935-8024
Standard Requests: **Fax** 877-687-1183
Transplant Requests: **Fax** 833-783-0879
Behavioral Health Requests: **Fax** 833-325-1832

Request for additional units. Existing Authorization Units

For Standard (elective Admission) 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.

For Expedited requests, please CALL 877-935-8024. 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 (Please Fax To 844-960-1787)
- 712 Cochlear Implants and Surgery
- 299 Drug Testing
- 922 Experimental & Investigational Services
- 205 Genetic Testing and Counseling
- 249 Home Health
- 290 Hyperbaric Oxygen Therapy
- 141 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
 - 650 Radiation Therapy
 - 201 Sleep Study
 - 993 Transplant Evaluation
 - 209 Transplant Surgery
 - 212 Therapy Evaluation
- ### Therapy
- 790 Occupational
 - 101 Physical
 - 701 Speech

Behavioral Health

- 528 BH Chemical Substance Abuse
- 529 BH Psychiatric Admission
- 531 BH Eating Disorder
- 510 BH Medical management
- 530 BH PHP
- 512 BH Community Based Services
- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 518 BH Mental Health/Chemical Dependency Observation
- 522 BH Psychological Evaluation
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 521 BH Psychological Testing

DME

- 417 Rental
- 120 Purchase (Purchase Price)

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.

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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