



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)	202 Pain Management	530 BH Partial Hospitalization Program (PHP)
712 Cochlear Implants and Surgery	650 Radiation Therapy	513 BH Crisis Psychotherapy
299 Drug Testing	201 Sleep Study	514 BH Day Treatment
922 Experimental & Investigational Services	993 Transplant Evaluation	515 BH Electroconvulsive Therapy
205 Genetic Testing and Counseling	209 Transplant Surgery	519 BH Outpatient Therapy
249 Home Health	212 Therapy Evaluation	520 BH Professional Fees
290 Hyperbaric Oxygen Therapy		521 BH Psychological Testing
141 Imaging Services	Therapy	522 BH Psychiatric Evaluation
395 Infertility Diagnosis or Treatment	790 Occupational	
729 Neuropsychological Testing	101 Physical	DME
410 Observation	701 Speech	417 Rental
997 Office Visit/Consult		120 Purchase
794 Outpatient Services	Behavioral Health	<input type="text"/>
171 Outpatient Surgery	510 BH Medical Management	(Purchase Price)

Outpatient Services Example:
-Skin Debridement/wound care

Home Health Example:
-Skilled Nursing Visits

Are services needed for discharge planning?
 Yes NO

**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.**