



# MEDICARE OUTPATIENT AUTHORIZATION

OKLAHOMA

All Part B Drug Requests: **Fax** 1-833-829-0349  
Expedited Requests: **Call** 1-833-853-0866  
Standard Requests: **Fax** 1-833-829-0342  
Transplant Requests: **Fax** 1-833-829-0351  
Behavioral Health Requests: **Fax** 1-833-982-4240

Request for additional units. Existing Authorization  Units

**For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department above.** 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 1-833-853-0866.** 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)

712 Cochlear Implants & Surgery	171 Outpatient Surgery	<b>DME</b>	<b>Behavioral Health</b>
299 Drug Testing	202 Pain Management	417 DME - Rental	510 BH Medical Management
922 Experimental & Investigational Services	650 Radiation Therapy	120 DME - Purchase	512 BH Community Based Services
205 Genetic Testing & Counseling	201 Sleep Studies	<input type="text"/>	513 BH Crisis Psychotherapy
249 Home Health	790 Occupational Therapy	Purchase Price	514 BH Day Treatment
225 Home Meals	101 Physical Therapy	<b>Are services needed for discharge planning?</b>	515 BH Electroconvulsive Therapy
290 Hyperbaric Oxygen Therapy	701 Speech Therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO	516 BH Intensive Outpatient Therapy (IOP)
395 Infertility Diagnosis or Treatment	212 Therapy Evaluation		519 BH Outpatient Therapy
729 Neuropsychological Testing	993 Transplant Evaluation		520 BH Professional Fees
410 Observation	724 Transportation		521 BH Psychological Testing
997 Office Visit/Consult	209 Transplant Surgery		522 BH Psychiatric Evaluation
794 Outpatient Services			530 BH Partial Hospitalization Program
422 Biopharmacy (Please fax to 1-833-829-0349)	709 Genetic Testing- For Genetic Testing		
	please include GTU: <input type="text"/>		

**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.

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