



MEDICARE DUALS OUTPATIENT AUTHORIZATION

IOWA

Expedited Requests **Call:** 1-800-977-7522

Expedited Requests Iowa Integrated Duals **Call:** 1-855-445-3577

Provider Standard **Fax:** 1-833-257-8327

Request for additional units. Existing Authorization

For Standard 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 7 calendar days after receipt of request.

For Expedited requests, Please Call 1-800-977-7522. For Iowa Integrated Duals Call: 1-855-445-3577.

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,

Units

***INDICATES REQUIRED**

MEMBER INFORMATION

Member ID *****

Date of Birth *****

(MMDDYYYY)

Last Name, First

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

712 Cochlear Implants & Surgery
299 Drug Testing
922 Experimental & Investigational Services
205 Genetic Testing & Counseling
249 Home Health
225 Home Meals
290 Hyperbaric Oxygen Therapy
395 Infertility Diagnosis or Treatment
729 Neuropsychological Testing
410 Observation
997 Office Visit/Consult
422 Biopharmacy (Please fax to 1-844-952-1488)

(Enter the Service type number in the boxes)

794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
650 Radiation Therapy
201 Sleep Studies
790 Occupational Therapy
101 Physical Therapy
701 Speech Therapy
212 Therapy Evaluation
993 Transplant Evaluation
724 Transportation
209 Transplant Surgery

Behavioral Health
512 BH Community Based Services
513 BH Crisis Psychotherapy
514 BH Day Treatment
515 BH Electroconvulsive Therapy
510 BH Medical Management
516 BH Intensive Outpatient Therapy (IOP)
518 BH Mental Health /Chemical -
Dependency Observation
519 BH Outpatient Therapy
530 BH Partial Hospitalization Program (PHP)
520 BH Professional Fees

DME
417 DME - Rental
120 DME - Purchase
 Purchase Price

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.

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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