



MEDICARE OUTPATIENT AUTHORIZATION

IOWA

Expedited Requests **Call:** 1-800-977-7522Expedited Requests Iowa Integrated Duals **Call:** 1-855-445-3577Provider Standard **Fax:** 1-833-257-8327

Request for additional units. Existing Authorization

Units

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,

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 *

Additional Procedure Code

Start Date OR Admission Date *

Diagnosis Code *

(CPT/HCPSC)

(Modifier)

(CPT/HCPSC)

(Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date

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)

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.

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. 01. 01. 2026

IA-OP-PAF-10150