



OUTPATIENT AUTHORIZATION ILLINOIS

All Part B Drug Requests: **Fax** 844-952-1490
Expedited Requests: **Call** 844-536-2175
Standard Requests: **Fax** 844-409-5557
Behavioral Health Requests: **Fax** 833-419-0129
Transplant Requests: **Fax** 833-769-1147

Request for additional units. Existing Authorization

Units

For All Standard or Expedited Part B Drug Requests, please fax to 844-952-1490.

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 844-536-2175. Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard time frame 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

If this request is for a Part B DRUG, please fax to 844-952-1490.

Primary Procedure Code *

Additional Procedure Code

Start Date OR Admission Date *

Diagnosis Code *

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date

Total Units/Visits/Days

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

OUTPATIENT SERVICE TYPE *

(Enter the Service type number in the boxes)

199 Adult Day Care
422 Biopharmacy (fax to 844-952-1490)
401 Cardiac/Pulmonary Rehab
712 Cochlear Implants & Surgery
299 Drug Testing
725 Emergency Response-Installation
340 Emergency Response-Monthly Rental
922 Experimental & Investigational Services
205 Genetic Testing & Counseling
755 Habilitation
249 Home health
225 Home Meals
104 Home Modifications
685 Homemaker services

390 Hospice Services
290 Hyperbaric Oxygen Therapy
141 Imaging
729 Neuropsychological Testing
410 Observation
997 Office Visit/Consult
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
470 Personal Care Worker Services
650 Radiation Therapy
107 Respite Care
201 Sleep Study
901 Specialized Medical Equipment/Supplies-Home Medical Equipment

DME

417 Rental
120 Purchase

(Purchase Price)

Behavioral Health

510 BH Medical Management
512 BH Community Based Services
513 BH Crisis Psychotherapy
514 BH Day Treatment
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy (IOP)
518 BH Mental Health/ Chemical
519 BH Outpatient Therapy
520 BH Professional Fees
521 BH Psychological Testing
522 BH Psychiatric Evaluation
530 BH Partial Hospitalization Program

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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