



# MEDICARE OUTPATIENT AUTHORIZATION NEBRASKA

All Part B Drug Requests: Fax 833-981-4181  
Non-Duals Expedited Requests: Call 800-977-7522  
Duals Expedited Requests: Call 844-796-6811  
Standard Requests: Fax 833-981-4176  
Transplant Requests: Fax 833-981-4184  
Behavioral Health Requests: Fax 833-981-4183

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 7 calendar days after receipt of request.

☐ **For Expedited requests, Please Call 1-800-977-7522 (Non-Duals) or 1-844-796-6811 (Duals).** 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

Date of Birth \*

Member ID \*

Last Name, First

(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 \*

Additional Procedure Code

Start Date OR Admission Date \*

Diagnosis Code \*

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date

Total Units/Visits/Days

### OUTPATIENT SERVICE TYPE \*

(Enter the Service type number in the boxes)

712 Cochlear Implants & Surgery  
299 Drug Testing  
922 Experimental & Investigational Services  
205 Genetic Testing & Counseling  
249 Home Health  
290 Hyperbaric Oxygen Therapy  
395 Infertility Diagnosis or Treatment  
729 Neuropsychological Testing  
410 Observation  
997 Office Visit/Consult

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

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 - Dependency Observation  
519 BH Outpatient Therapy  
520 BH Professional Fees  
521 BH Psychological Testing  
522 BH Psychiatric Evaluation  
530 BH Partial Hospitalization Program (PHP)

### DME

417 DME - Rental  
120 DME - Purchase

Purchase Price

Are services needed for discharge planning? ☐ YES ☐ NO

422 Biopharmacy (Please fax to 1-833-981-4181)

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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