



MEDICARE OUTPATIENT MEDICAL PART B DRUG AUTHORIZATION REQUEST FORM

NEW JERSEY

All Part B Drug Requests: **Fax** 844-235-5090

Urgent Requests

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID *
[Grid for Member ID]

Last Name, First
[Grid for Last Name, First]

Date of Birth *
[Grid for Date of Birth]
(MMDDYYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI *
[Grid for Requesting NPI]

Requesting TIN *
[Grid for Requesting TIN]

Requesting Provider Contact Name
[Grid for Requesting Provider Contact Name]

Requesting Provider Name
[Grid for Requesting Provider Name]

Phone
[Grid for Phone]

Fax *
[Grid for Fax]

SERVICING PROVIDER / FACILITY INFORMATION

↳ Same as Requesting Provider

Servicing NPI *
[Grid for Servicing NPI]

Servicing TIN *
[Grid for Servicing TIN]

Servicing Provider Contact Name
[Grid for Servicing Provider Contact Name]

Servicing Provider/Facility Name
[Grid for Servicing Provider/Facility Name]

Phone
[Grid for Phone]

Fax
[Grid for Fax]

AUTHORIZATION REQUEST

Primary Procedure Code *
[Grid for Primary Procedure Code]
(CPT/HCPCS) (Modifier)

Additional Procedure Code
[Grid for Additional Procedure Code]
(CPT/HCPCS) (Modifier)

Start Date OR Admission Date *
[Grid for Start Date OR Admission Date]
(MMDDYYYY)

Diagnosis Code *
[Grid for Diagnosis Code]
(ICD-10)

Additional Procedure Code
[Grid for Additional Procedure Code]
(CPT/HCPCS) (Modifier)

Additional Procedure Code
[Grid for Additional Procedure Code]
(CPT/HCPCS) (Modifier)

End Date OR Discharge Date
[Grid for End Date OR Discharge Date]
(MMDDYYYY)

Total Units/Visits/Days
[Grid for Total Units/Visits/Days]

Primary Procedure Code *
[Grid for Primary Procedure Code]
(CPT/HCPCS) (Modifier)

Additional Procedure Code
[Grid for Additional Procedure Code]
(CPT/HCPCS) (Modifier)

Start Date OR Admission Date *
[Grid for Start Date OR Admission Date]
(MMDDYYYY)

Total Units/Visits/Days
[Grid for Total Units/Visits/Days]

Additional Procedure Code
[Grid for Additional Procedure Code]
(CPT/HCPCS) (Modifier)

Additional Procedure Code
[Grid for Additional Procedure Code]
(CPT/HCPCS) (Modifier)

End Date OR Discharge Date
[Grid for End Date OR Discharge Date]
(MMDDYYYY)

Total Units/Visits/Days
[Grid for Total Units/Visits/Days]

Additional Procedure Code
[Grid for Additional Procedure Code]
(CPT/HCPCS) (Modifier)

Additional Procedure Code
[Grid for Additional Procedure Code]
(CPT/HCPCS) (Modifier)

End Date OR Discharge Date
[Grid for End Date OR Discharge Date]
(MMDDYYYY)

Total Units/Visits/Days
[Grid for Total Units/Visits/Days]

**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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