

## **REQUEST FOR AUTHORIZATION OF SERVICES**

**EMAIL or FAX THIS FORM** 

UM@LibertyMedicareAdvantage.com

Fax: 1-877-760-3820 For questions: 1-844-854-6884

Standard	Expedited/iviedic	cany organic		
Provider/Facility				
Provider Name				
NPI	Tax ID			
Phone	Fax			
Servicing Provider/Facility		NPITAX ID		ID
Inpatient Admission Stay				
			ength of Stay	days
Is this Level of Care Change –				
Part A SNF (post hospitalization				
Part A Skill In Place	/	Estimated L	ength of Stay	days
Additional Part A Days:				
Outpatient Diagnostic Service		CPT:	Procedures:	
Part B Drug:				
DME:				
Clinicals Required with Form Subn	<mark>nission</mark>			
Member Data				
			Date of Birth:	
Name:			Date of Birtin.	
Name:			Date of Birth:	
Plan ID/MBI:			Date of Birtii.	
Plan ID/MBI: Nursing Facility:				
Plan ID/MBI:				
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:	Plan NP PCP	Plan PA	Other	
Plan ID/MBI: Nursing Facility:	Plan NP PCP	Plan PA	Other	
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:	Plan NP PCP	Plan PA	Other	
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:  Diagnosis (ICD10) Related to Re	Plan NP PCP	Plan PA	Other	
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:  Diagnosis (ICD10) Related to Re  Part B Therapy  TYPE  PT	Plan NP PCP equest:	Plan PA	Other	
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:  Diagnosis (ICD10) Related to Re	Plan NP PCP equest:	Plan PA	Other	
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:  Diagnosis (ICD10) Related to Re  Part B Therapy  TYPE  PT  Initial Visits: Date of Evaluation	Plan NP PCP equest: OT	Plan PA  ST  Plan	Otherdays per week for	weeks
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:  Diagnosis (ICD10) Related to Re  Part B Therapy  TYPE  PT	Plan NP PCP equest: OT	Plan PA  ST  Plan	Otherdays per week for	weeks
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:  Diagnosis (ICD10) Related to Re  Part B Therapy  TYPE  PT  Initial Visits: Date of Evaluation  Additional Visits # Requested	Plan NP PCP equest: OT	Plan PA  ST  Plan	Otherdays per week for	weeks
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Plan ID/MBI:  Nursing Facility: Is Requesting Provider:  Diagnosis (ICD10) Related to Re  Part B Therapy  TYPE  PT  Initial Visits: Date of Evaluation  Additional Visits # Requested  Goals Updated  Yes	Plan NP PCP equest: OT No	Plan PA  ST  Plan  Plan	Otherdays per week fordays per week for	weeks
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Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:  Diagnosis (ICD10) Related to Re  Part B Therapy  TYPE  PT  Initial Visits: Date of Evaluation  Additional Visits # Requested  Goals Updated  Yes  Member Actively Participating:	Plan NP PCP equest: OT  No Funct	Plan PA  ST  Plan  Plan  Plan  Plan	Otherdays per week fordays per week for	weeks
Plan ID/MBI:  Nursing Facility: Is Requesting Provider:  Diagnosis (ICD10) Related to Re  Part B Therapy  TYPE  PT  Initial Visits: Date of Evaluation  Additional Visits # Requested  Goals Updated  Yes	Plan NP PCP equest: OT  No Funct	Plan PA  ST  Plan  Plan  Plan  Plan	Otherdays per week fordays per week for	weeks
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:  Diagnosis (ICD10) Related to Re  Part B Therapy  TYPE  PT  Initial Visits: Date of Evaluation  Additional Visits # Requested  Goals Updated  Yes  Member Actively Participating:	Plan NP PCP equest: OT  No Funct	Plan PA  ST  Plan  Plan  Plan  tional Progress N	Otherdays per week fordays per week for	weeks weeks
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:  Diagnosis (ICD10) Related to Re  Part B Therapy  TYPE  PT  Initial Visits: Date of Evaluation  Additional Visits # Requested  Goals Updated  Yes  Member Actively Participating:  Demonstrates Potential to Improve	Plan NP PCP equest: OT  No Funct e og for a decision long	Plan PA  ST  Plan  Plan  Plan  tional Progress N	Otherdays per week fordays per week for	weeks weeks
Plan ID/MBI:  Nursing Facility:  Is Requesting Provider:  Diagnosis (ICD10) Related to Re  Part B Therapy  TYPE  PT  Initial Visits: Date of Evaluation  Additional Visits # Requested  Goals Updated  Yes  Member Actively Participating:  Demonstrates Potential to Improve  I certify by signing below that waiting to gain maximum function in serious	Plan NP PCP equest:  OT  No  Functe e g for a decision long s jeopardy.	Plan PA  ST  Plan  Plan  Plan  er than 72 hours	Otherdays per week fordays per week for	weeks weeks weeks