



Prior Authorization Request for Outpatient Services Coversheet Botulinum Toxin Injections

Please ensure each **REQUIRED** field is completed correctly. Any missing information marked **REQUIRED** could result in case rejection.

Please provide **direct** phone numbers for clinical and support staff questions.

FAX to JK: 317-841-4530 or J6: 317-841-4528

Request Date:	Number of pages including coversheet:
Submission Type - REQUIRED <input type="checkbox"/> Initial Request <input type="checkbox"/> Resubmission: A <i>REQUEST IN RESPONSE TO A NON-AFFIRM</i> , <i>*Resubmissions must include all initially submitted documentation in addition to additional records requested.</i>	
<input type="checkbox"/> Expedited Review with Rationale:	

Beneficiary Information (see Medicare card)

Last name - REQUIRED	First - REQUIRED	Male <input type="checkbox"/> Female <input type="checkbox"/>	Medicare ID - REQUIRED	Date of Birth
Mailing Address, City, State, Zip - REQUIRED <i>**Note: The beneficiary listed will receive a decision letter**</i>				

Hospital Outpatient Department Information

*** Decision letters will be faxed or mailed to the Hospital Outpatient Department***

Hospital/Facility Name - REQUIRED	NPI - REQUIRED	PTAN - REQUIRED
ATTN (outpatient contact) - REQUIRED	Hospital Fax number:	
Address, City, State, Zip - REQUIRED		
Claim Type of Bill (TOB) Code - REQUIRED	Anticipated Dates of Service/Surgery	

Physician Information

Physician Name - REQUIRED	NPI - REQUIRED
Address, City, State, Zip - REQUIRED	

Requestor Information

Requestor Name - REQUIRED	Requestor Email Address - REQUIRED
Requester phone number - REQUIRED	Requester FAX number:
Non-PHI passcode created by the <u>requester</u> that allows NGS staff to communicate via email without the use of PHI. - OPTIONAL	

Requested Outpatient Services - **REQUIRED**

***Note: Prior authorization is ONLY required for the PAIRED CODES below. Use of the above Botulinum Toxin codes in conjunction/paired with procedure codes other than 64612 or 64615 do not require prior authorization under this program.**

<input type="checkbox"/> 64612	-and-	<input type="checkbox"/> J0585 # of units _____
<input type="checkbox"/> 64615		<input type="checkbox"/> J0586 # of units _____ <input type="checkbox"/> J0587 # of units _____ <input type="checkbox"/> J0588 # of units _____