

Medicare Advantage Organizational Determination Form

Instructions: Please fill out all applicable sections on both pages completely and legibly before faxing or mailing the form to the number or address listed below. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the organizational determination request. Information contained in this form is Protected Health Information under HIPAA.

Please Note: Preservice organization determination requests aren't needed for services that don't require prior authorization. However, we recommend them for procedures or services that may be considered cosmetic, investigational or not a covered benefit. This makes sure services meet medical criteria/guidelines and take the place of any authorization requirements. Failure to obtain any necessary authorizations may result in a denial or reduction in benefits.

1. ONN exception

Fax: 816-313-3014

Elective admission or outpatient service requests to be scheduled within 30 days (authorization date ranges may vary).

2. Decision type

Outpatient Inpatient Previous Authorization number: _____

3. Member information

First name	Middle initial	Last name	
Phone	Patient date of birth (mm/dd/yyyy)	Member ID number (including prefix)	
Patient address	City	State	ZIP

4. Ordering provider

Provider name	Tax ID #	NPI #	Specialty	Contact name
Group name	Phone		Fax	
Group address	City	State	ZIP	
Email	DEA # (if applicable)			

5. Servicing specialist/Clinic/Facility provider (will provide requested service/medication/device) Specialist

Provider name	Tax ID #	NPI #	Specialty	Contact name
Group/Facility name	Phone		Fax	
Group address	City	State	ZIP	
Email	DEA # (if applicable)			

6. Medical service/Procedure/Course of treatment/Device information

Please indicate specifics about place and type of service **Places of service**

Office Outpatient Inpatient Home *Other

*Please specify if other: _____

Types of service (check applicable boxes)

Trials	Home Health/Hospice	Medical oncology	SNF
Diagnostic testing/ monitoring	Infusion/IV Therapy	OT (cognitive skills)	Sleep studies
DME	Implantable device	Outpatient surgery	Speech Therapy
Extended rehab (EAR)	Injectable medications	Radiation therapy	Transplants
Genetic testing HIV	Inpatient admissions	Radiology (high-tech imaging)	
	LTAC		

7. Coding

ICD-10 code(s)

ICD-10 description

HCP/PCS/CPT/CDT code	Code description	Medical reason	Start date	End date	Frequency requested

Other Clinical Information: Include/attach clinical/office notes, laboratory information, imaging reports, and any other necessary information to support medical necessity. If this is a request for out-of-network services, please provide an explanation.

Please return form to:

Arkansas Blue Medicare
 ATTN: 10th FI MA Utilization Management
 320 W Capitol
 Little Rock, AR 72202

or

Fax:

Standard Requests: 816-313-3014
 Expedited Requests: 816-313-3013