

A CMS Medicare Administrative Contractor

## 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 - <b>REQUIRED</b>	
Initial Request	Resubmission: <i>IF THIS REQUEST IS IN RESPONSE TO A NON-AFFIRM, THIS IS A RESUBMISSION</i>
Expedited Review with Rationale:	

### Beneficiary Information (see Medicare card)

Last name - <b>REQUIRED</b>	First - <b>REQUIRED</b>	Male    Female	Medicare ID - <b>REQUIRED</b>	Date of Birth
Mailing Address, City, State, Zip - <b>REQUIRED</b> <i>**Note: Each beneficiary receives a decision letter**</i>				

### Hospital Outpatient Department Information

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

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

### Physician Information

Physician Name - <b>REQUIRED</b>	NPI - <b>REQUIRED</b>
Address, City, State, Zip - <b>REQUIRED</b>	

### Requestor Information

Requestor Name - <b>REQUIRED</b>	Phone Number - <b>REQUIRED</b>
Requestor Email Address - <b>REQUIRED</b>	
FAX number	

### Requested Outpatient Services

Select Applicable Botulinum Toxin Injection Paired Service* - <b>REQUIRED</b>	
64612	J0585 # of units _____
-and-	J0586 # of units _____
64615	J0587 # of units _____
	J0588 # of units _____
<p>*Note: Prior authorization is <u>only</u> <b>REQUIRED</b> for the <u>paired</u> codes above. 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.</p>	