national government SERVICES

A CMS Medicare Administrative Contractor
https://www.NGSMedicare.com

Prior Authorization Request for Outpatient Services Coversheet
Blepharoplasty, Blepharoptosis and/or Brow Ptosis Repair

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* ☐ Initial Request ☐ Resubmission: A *REQUEST IN RESPONSE TO A NON-AFFIRM,* **Resubmissions must include all initially submitted documentation in addition to additional records requested.*	
☐ Expedited Review with Rationale:	

Beneficiary Information (see Medicare card)

Last name - *REQUIRED*	First - *REQUIRED*	Male ☐ Female ☐	Medicare ID - *REQUIRED*	Date of Birth
Mailing Address, City, State, Zip - *REQUIRED **Note: The beneficiary listed will receive a decision letter***				

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 requester that allows NGS staff to communicate via email without the use of PHI. - OPTIONAL	

Requested Outpatient Services - *REQUIRED*

Please indicate laterality on the line below - R, L, or Bilateral

☐ Multiple Procedure Request – (Please complete an additional Prior Auth service code coversheet)

☐ 15820 _____	☐ 15821 _____	☐ 15822 _____
☐ 15823 _____	☐ 67900 _____	☐ 67901 _____
☐ 67902 _____	☐ 67903 _____	☐ 67904 _____
☐ 67906 _____	☐ 67908 _____	