

AUTHORIZATION MANAGER TIPS

 Medications for commercial and Medicare Advantage members

INTRODUCTION

Providers can use Authorization Manager to request authorization for medications that you buy and bill us for, and that are administered in the office using the member's medical benefits.

Use this tip when you submit your request for medication authorization to ensure you include required information.

REQUIRED INFORMATION FOR MEDICATION REQUESTS

FOR	THE FOLLOWING INFORMATION IS REQUIRED
Medication	 Request type: Medication Place of service: 11-Office or 22-On Campus-Outpatient Hospital Review type: Initial - Part B and HIT (for patients with Medicare) Initial - HIT or Medical (for all other patients) Add Servicing/Facility Provider: Add the provider as both the servicing provider and facility Diagnosis- Add diagnosis code or description Procedure- Appropriate "J" code to designate the medication you're requesting After submitting, a new window opens. Populate details as follows: Quantity: Enter number being requested Units: Always select units Frequency: As prescribed Start date: Requested start date for medication
	 Attach clinical when prompted If you are signed in as the servicing provider who will bill for the service, select yes for the question below and you will only be required to enter the servicing provider with the type being facility Requesting Provider Same as Servicing Provider YES NO

OUESTIONS?

Call Pharmacy Operations at 1-800-366-7778.

RELATED

Authorization Manager Guide

RESOURCES

Accessing Case Details and Printing Correspondence

Adding Clinical to an Existing Authorization

Medications for Federal Employee Program (FEP) members

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