

IV Therapy Authorization Request Form – Medicare



| | |
|--|---------------------------|
| Date: | Member ID #: |
| Member Name: | Member DOB: |
| Requesting Agency: | Contact Name: |
| Requesting Provider ID #: | Contact Phone # and Ext: |
| Tax ID #: | Contact Fax #: |
| Previous Authorization #, if applicable: | Referring Physician Name: |

ICD-10 Code(s):

Fax Form with Supporting Medical Documentation to Clinical Review at 860-678-5291

Date span for requested services _____ to _____

| IV Therapy HCPCS/CPT Code | # of Units or Days | Frequency | Total # Requested | Completed by ConnectiCare |
|---------------------------|--------------------|-----------|-------------------|--------------------------------------|
| | | | | # Approved: _____ Approved by: _____ |
| | | | | # Approved: _____ Approved by: _____ |
| | | | | # Approved: _____ Approved by: _____ |
| | | | | # Approved: _____ Approved by: _____ |
| | | | | # Approved: _____ Approved by: _____ |
| | | | | # Approved: _____ Approved by: _____ |
| | | | | # Approved: _____ Approved by: _____ |

Supplies:

| Supplies HCPCS Code | Amount Requested | Completed by ConnectiCare |
|---------------------|------------------|--------------------------------------|
| | | # Approved: _____ Approved by: _____ |
| | | # Approved: _____ Approved by: _____ |
| | | # Approved: _____ Approved by: _____ |
| | | # Approved: _____ Approved by: _____ |
| | | # Approved: _____ Approved by: _____ |
| | | # Approved: _____ Approved by: _____ |
| | | # Approved: _____ Approved by: _____ |

Fax form and medical documentation to Clinical Review at 860-678-5291

Please Note:
Services are not considered authorized until ConnectiCare issues an authorization.
Lack of information will delay processing of request.

Please contact Clinical Review at 1-800-508-6157 (select option #1) with any questions about pre-authorization.
 This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-877-224-8230.



ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.

ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal.

©2019 ConnectiCare, Inc. & Affiliates.