

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.

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