TRILOGY AUTHORIZATION/REFERRAL FORM

□ * STANDARD □ ** EXPEDITED/URGENT

*Determination to be made within 14 business days

**Determination to be made within one calendar day. Faxes received after 4 pm will be reviewed next business day by 12 pm.

DATE OF SCHEDULED APPOINTMENT: _____

Date: _____ **Patient Name**: _____ **DOB**: _____

REFERRED BY: PRIMARY CARE PHYSICIAN (PCP):
(First Name/Last Name): _____

PCP Address: _____ **PCP Fax:** _____

REFERRED TO: SPECIALIST (SPEC)
(First Name/Last Name): _____

SPEC Address: _____ **SPEC Fax:** _____

Facility Name: _____ **Facility Address:** _____

Facility Tax ID: _____ **Facility NPI:** _____

Requested Dates: **From:** _____ **To:** _____ **Units/Visits:** _____

Diagnosis (ICD-10): _____ _____ _____

Procedure (CPT/HCPCS/Units): _____ _____ _____

Type of Authorization:

□ Observation (Non Par Only)	□ Pre-Authorization	□ Sub Acute Admission	□ DME Purchase
□ Case Management	□ Referral	□ Transplant	□ DME Rental
□ Inpatient Rehabilitation	□ Non-Emergency Transport	□ DME Repair	
□ Maternity	□ Second Opinion	□ Home Health Care	
□ Outpatient Surgery	□ Skilled Nursing Facility	□ Therapy (PT/OT/ST)	
□ Inpatient	□ LTAC		

The following authorizations require the additional documentation listed to be faxed along with this form:

- Diagnostic Procedures - Physician Order & Clinical Documentation
- DME (Purchase or Rental) - Physicians Order & State Prior Auth/Oxygen Attachment & Face-to-Face (F2F)
- DME (Repair) - Physicians Order and Work Order & Face-to-Face (F2F)
- Home Health – 485 Form & Face-to-Face (F2F)
- Hospice – State Physician Certification & Recertification of Terminal Illness
- PCW – PA/RF & HCAF & 485 & PCW Instructions
- Inpatient Rehabilitation/SAR– Physician Order & Initial Evaluation
- RN Supervisory – PA/RF & HCAF & 485 & PCW Instructions
- Therapy (PT/OT/SP) requires Physician Order & Initial Evaluation & Face-to-Face (F2F)

FAX Form and other pertinent documents to IPN at (414) 771-1159

To check authorization status for your submitted request please contact customer service at 414-755-3619 and select Provider and then select Customer Service

Please Note:

- **All authorizations for in-network and out-of-network services must be faxed to IPN and approved before services are provided.**
- **Authorization for Medically Necessary Services is NOT a guarantee of eligibility or payment.**

(No authorization may exceed 180 days from date authorized without prior approval)