



TRILOGY AUTHORIZATION/REFERRAL FORM

STANDARD EXPEDITED/URGENT

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

Date: Patient Name: DOB:

Referred By (PCP): Phone: Fax:

Referred To (SPEC): SPEC Address: SPEC Fax:

Facility: 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 Methadone Treatment

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 - 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

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.

\*\*\*\*\*For Trilogy Use Only\*\*\*\*\*

Authorization Approved: Yes No Date Approved/Denied: Initials:

Approved Authorization Confirmation # Authorization Expiration Date:

Reason for Denial:

Fax Number Confirmation Sent To: Date: Initials:

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

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