

OUTPATIENT AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard requests -Determination within 14 calendar days of receiving all necessary information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

* INDICATES REQUIRED FIELD X URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

MEMBER INFORMATION

*Medicaid/Member ID Last Name, First *Date of Birth (MMDDYYYY)

REQUESTING PROVIDER INFORMATION

*Requesting NPI *Requesting TIN Requesting Provider Contact Name
 Requesting Provider Name Phone *Fax

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider
 *Servicing NPI *Servicing TIN Servicing Provider Contact Name
 Servicing Provider/Facility Name Phone Fax

AUTHORIZATION REQUEST

*Primary Procedure Code (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) *Start Date OR Admission Date (MMDDYYYY) *Diagnosis Code (ICD-10)
 Additional Procedure Code (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) End Date OR Discharge Date (MMDDYYYY) Total Units/Visits/Days

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- | | | | |
|---|---------------------------|---|--|
| 412 Auditory | 410 Observation | 533 BH Applied Behavioral Analysis | DME |
| 422 Biopharmacy | 997 Office Visit/Consult | 512 BH Community Based Services | 417 Rental |
| 712 Cochlear Implants & Surgery | 210 Orthotics | 515 BH Electroconvulsive Therapy | 120 Purchase <input type="text"/> (Purchase Price) |
| 299 Drug Testing | 794 Outpatient Services | 516 BH Intensive Outpatient Therapy | |
| 922 Experimental and Investigational Services | 171 Outpatient Surgery | 510 BH Medical Management | |
| 205 Genetic Testing & Counseling | 202 Pain Management | 518 BH Mental Health /Chemical Dependency Observation | |
| 249 Home Health | 147 Prosthetics | 519 BH Outpatient Therapy | |
| 390 Hospice Services | 428 Second Opinion | 530 BH PHP | |
| 290 Hyperbaric Oxygen Therapy | 201 Sleep Study | 520 BH Professional Fees | |
| 395 Infertility Diagnosis or Treatment | 993 Transplant Evaluation | 522 BH Psychiatric Evaluation | |
| 211 OB Ultrasound | 209 Transplant Surgery | 521 BH Psychological Testing | |
| | 724 Transportation | 523 BH Transportation | |
| | | 514 BH Day Treatment | |

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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