

OUTPATIENT AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 3 calendar days to avoid complications and unnecessary suffering or severe pain.

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

* INDICATES REQUIRED FIELD

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)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

*Start Date OR Admission Date

(MMDDYYYY)

*Diagnosis Code

(ICD-10)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

*End Date OR Discharge Date

(MMDDYYYY)

*Total Units/Visits/Days

*OUTPATIENT SERVICE TYPE

*(Enter the Service type number in the boxes)

Check Box for Inpatient Elective Service

- 422 Biopharmacy
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental & Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home health
- 390 Hospice Services
- 290 Hyperbaric Oxygen Therapy
- 395 Infertility Diagnosis or Treatment
- 410 Observation
- 997 Office Visit/Consult

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 650 Radiation Therapy
- 201 Sleep Study
- 724 Transportation
- 993 Transplant Evaluation
- 209 Transplant Surgery

Behavioral Health

- 510 BH Medical Management
- 530 BH PHP
- 512 BH Community Based Services
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 518 BH Mental Health/Chemical Dependency Observation
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 522 BH Psychiatric Evaluation
- 521 BH Psychological Testing

DME

- 417 Rental
- 120 Purchase (Purchase Price)

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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