



OUTPATIENT AUTHORIZATION FORM

Complete and Fax to: 1-800-690-7030
Behavioral Health Requests/Medical Records: 866-570-7517
Transplant Request Fax to: 833-589-1245

Request for additional units. Existing Authorization Units

Non-Urgent Request

Urgent Request - For life-threatening condition, hospitalized member, treatment after stabilizing an emergency condition. Reason for urgency must be indicated to process as urgent.

Required Field for URGENT REQUESTS: Reason for urgency must be indicated to process as urgent

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

*Medicaid/Member ID Last Name, First Name *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 (Please include servicing provider address if servicing provider is the same as requesting provider.)

*Servicing NPI *Servicing TIN Servicing Provider Contact Name
Servicing Provider/Facility Name Phone Fax
*Servicing Provider Address *City *State *Zip

AUTHORIZATION REQUEST

*Primary Diagnosis Code
(ICD-10)

Place of Service Codes Full List: <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>

*Primary Procedure Code *Start Date OR Admission Date End Date OR Discharge Date Total Units/Visits/Days *Place Of Service Code
(CPT/HCPCS) (Modifier) (MMDDYYYY) (MMDDYYYY)

Additional Procedure Code Start Date OR Admission Date End Date OR Discharge Date Total Units/Visits/Days Place Of Service Code
(CPT/HCPCS) (Modifier) (MMDDYYYY) (MMDDYYYY)

Additional Procedure Code Start Date OR Admission Date End Date OR Discharge Date Total Units/Visits/Days Place Of Service Code
(CPT/HCPCS) (Modifier) (MMDDYYYY) (MMDDYYYY)

Additional Procedure Code Start Date OR Admission Date End Date OR Discharge Date Total Units/Visits/Days Place Of Service Code
(CPT/HCPCS) (Modifier) (MMDDYYYY) (MMDDYYYY)

**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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