

OUTPATIENT AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard requests - Determination within 10 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 48 hours to avoid complications and unnecessary suffering or severe pain.

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

MEMBER INFORMATION

*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)

412 Auditory	997 Office Visit/Consult	Behavioral Health	
422 Biopharmacy	794 Outpatient Services		
712 Cochlear Implants & Surgery	171 Outpatient Surgery		
299 Drug Testing	202 Pain Management		
922 Experimental and Investigational Services	650 Radiation Therapy		
205 Genetic Testing & Counseling	201 Sleep Study		
249 Home health	993 Transplant Evaluation		
390 Hospice Services	209 Transplant Surgery		
290 Hyperbaric Oxygen Therapy	724 Transportation		
141 Imaging	DME		
410 Observation	417 Rental <input type="text"/>		
211 OB Ultrasound	120 Purchase <input type="text"/> (Purchase Price)		
			533 BH ABA Services
			510 BH Medical Management
			530 BH PHP
			512 BH Community Based Services
			514 BH Day Treatment
			515 BH Electroconvulsive Therapy
		516 BH Intensive Outpatient Therapy	
		518 BH Mental Health /Chemical Dependency Observation	
		519 BH Outpatient Therapy	
		520 BH Professional Fees	
		521 BH Psychological Testing	
		522 BH Psychiatric Evaluation	

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.