

# OUTPATIENT AUTHORIZATION FORM

Standard Requests: **Fax** 888-241-0664  
Transplant Requests: **Fax** 833-974-3114  
Buy & Bill Drugs: **Fax** 833-893-1457

☐ Request for additional units. Existing Authorization  Units

☐ **Standard requests** - Determination within 15 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

\*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  
422 Biopharmacy  
712 Cochlear Implants & Surgery  
299 Drug Testing  
922 Experimental and Investigational Services  
205 Genetic Testing & Counseling  
249 Home health  
390 Hospice Services  
290 Hyperbaric Oxygen Therapy  
141 Imaging  
410 Observation  
211 OB Ultrasound  
709 Genetic Testing- For Genetic Testing please include GTU:

997 Office Visit/Consult  
794 Outpatient Services  
171 Outpatient Surgery  
202 Pain Management  
650 Radiation Therapy  
201 Sleep Study  
993 Transplant Evaluation  
209 Transplant Surgery  
724 Transportation

#### DME

417 Rental  
120 Purchase

(Purchase Price)

#### Behavioral Health

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 (IOP)  
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.

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

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