



# OUTPATIENT AUTHORIZATION FORM

Complete and **Fax** to:  
Medical: 833-588-2738  
Behavioral Health: 833-538-0885  
Transplant: 833-588-2768  
Buy & Bill Drugs: 833-893-1481

Request for additional units. Existing Authorization  Units

**Standard requests** - Determination within 10 business 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 24 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                                | 794 Outpatient Services                            | <b>Behavioral Health</b>                              |
| 422 Biopharmacy                             | 171 Outpatient Surgery                             | 533 BH Applied Behavioral Analysis                    |
| 712 Cochlear Implants & Surgery             | 202 Pain Management                                | 510 BH Medical Management                             |
| 299 Drug Testing                            | 650 Radiation Therapy                              | 530 BH Partial Hospitalization Program (PHP)          |
| 922 Experimental & Investigational Services | 201 Sleep Study                                    | 512 BH Community Based Services                       |
| 205 Genetic Testing & Counseling            | 209 Transplant Surgery                             | 514 BH Day Treatment                                  |
| 249 Home health                             | 993 Transplant Evaluation                          | 515 BH Electroconvulsive Therapy                      |
| 390 Hospice Services                        | 724 Transportation                                 | 516 BH Intensive Outpatient Therapy                   |
| 290 Hyperbaric Oxygen Therapy               |  | 518 BH Mental Health /Chemical Dependency Observation |
| 410 Observation                             | <b>DME</b>   | 519 BH Outpatient Therapy                             |
| 211 OB Ultrasound                           | 417 Rental <input type="text"/> (Purchase Price)   | 520 BH Professional Fees                              |
| 997 Office Visit/Consult                    | 120 Purchase <input type="text"/> (Purchase Price) | 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 Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

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