



# OUTPATIENT AUTHORIZATION FORM

Complete and **Fax** to:  
Medical: 833-913-2988  
Behavioral Health: 833-913-2994  
Transplant: 833-913-2995  
Buy & Bill Drugs: 833-893-1517

Request for additional units. Existing Authorization  Units

**Standard requests** - Determination within 7 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**  URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

## MEMBER INFORMATION

\*Medicaid/Member ID  Last Name, First  \*Date of Birth

## 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) <input type="text"/>		Behavioral Health	
412	Auditory	794	Outpatient Services	533	BH ABA Services
422	Biopharmacy	171	Outpatient Surgery	510	BH Medical Management
712	Cochlear Implants & Surgery	202	Pain Management	530	BH PHP
299	Drug Testing	650	Radiation Therapy	512	BH Community Based Services
922	Experimental and Investigational Services	201	Sleep Study	514	BH Day Treatment
205	Genetic Testing & Counseling	209	Transplant Surgery	515	BH Electroconvulsive Therapy
249	Home health	993	Transplant Evaluation	516	BH Intensive Outpatient Therapy
390	Hospice Services	724	Transportation	518	BH Mental Health /
290	Hyperbaric Oxygen Therapy	709	Genetic Testing - For Genetic Testing request please include GTU: <input type="text"/> (GTU)		Chemical Dependency Observation
141	Imaging	<b>DME</b>		519	BH Outpatient Therapy
410	Observation	417	Rental <input type="text"/>	520	BH Professional Fees
211	OB Ultrasound	120	Purchase <input type="text"/> (Purchase Price)	521	BH Psychological Testing
997	Office Visit/Consult				
794	Outpatient Services				
171	Outpatient Surgery				

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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