

OUTPATIENT AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard requests - Determination within 2 business days from receipt of all information necessary to complete the review, not to exceed 15 calendar days from the receipt of the request.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 2 business days from receipt of all information necessary to complete the review not to exceed 3 calendar days from request.

* 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) (CPT/HCPCS) (Modifier) *Start Date OR Admission Date (MMDDYYYY) *Diagnosis Code (ICD-10)
Additional Procedure Code (CPT/HCPCS) (Modifier) (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"/>	
412	Auditory	794	Outpatient Services
422	Biopharmacy	171	Outpatient Surgery
712	Cochlear Implants & Surgery	202	Pain Management
299	Drug Testing	650	Radiation Therapy
922	Experimental & Investigational Services	201	Sleep Study
205	Genetic Testing & Counseling	209	Transplant Surgery
249	Home health	993	Transplant Evaluation
390	Hospice Services	724	Transportation
290	Hyperbaric Oxygen Therapy		
410	Observation	DME	
211	OB Ultrasound	417	Rental <input type="text"/> (Purchase Price)
997	Office Visit/Consult	120	Purchase <input type="text"/> (Purchase Price)
			Behavioral Health
		533	BH Applied Behavioral Analysis
		510	BH Medical Management
		530	BH Partial Hospitalization Program (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.