

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.