

OUTPATIENT AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard requests - Determination within 3 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 (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)

422 Biopharmacy	794 Outpatient Services	Behavioral Health
712 Cochlear Implants & Surgery	171 Outpatient Surgery	533 BH Applied Behavioral Analysis
299 Drug Testing	202 Pain Management	510 BH Medical Management
922 Experimental & Investigational Services	650 Radiation Therapy	530 BH Partial Hospitalization Program (PHP)
205 Genetic Testing & Counseling	201 Sleep Study	512 BH Community Based Services
249 Home health	209 Transplant Surgery	514 BH Day Treatment
390 Hospice Services	993 Transplant Evaluation	515 BH Electroconvulsive Therapy
290 Hyperbaric Oxygen Therapy	724 Transportation	516 BH Intensive Outpatient Therapy
410 Observation		518 BH Mental Health /Chemical Dependency Observation
997 Office Visit/Consult		519 BH Outpatient Therapy
	DME	520 BH Professional Fees
	417 Rental <input type="text"/> (Purchase Price)	521 BH Psychological Testing
	120 Purchase <input type="text"/> (Purchase Price)	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.