



OUTPATIENT AUTHORIZATION FORM

Complete and **Fax to:**
Medical: 833-588-2738
Behavioral Health: 833-538-0885
Transplant: 833-588-2768

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 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	Behavioral Health
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	DME	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"/>	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.

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