



# OUTPATIENT AUTHORIZATION FORM

Request for additional units. Existing Authorization  Units

**Standard requests** - Determination within 15 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 72 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	997 Office Visit/Consult	<b>Behavioral Health</b>	
422 Biopharmacy	794 Outpatient Services		533 BH ABA Services
712 Cochlear Implants & Surgery	171 Outpatient Surgery		510 BH Medical Management
299 Drug Testing	202 Pain Management		530 BH PHP
922 Experimental and Investigational Services	650 Radiation Therapy		512 BH Community Based Services
205 Genetic Testing & Counseling	201 Sleep Study		514 BH Day Treatment
249 Home health	993 Transplant Evaluation		515 BH Electroconvulsive Therapy
390 Hospice Services	209 Transplant Surgery		516 BH Intensive Outpatient Therapy
290 Hyperbaric Oxygen Therapy	724 Transportation		518 BH Mental Health /Chemical Dependency Observation
141 Imaging	<b>DME</b>		519 BH Outpatient Therapy
395 Infertility Diagnosis or Treatment	417 Rental <input type="text"/>		520 BH Professional Fees
410 Observation	120 Purchase <input type="text"/> (Purchase Price)		521 BH Psychological Testing
211 OB Ultrasound			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.**