



# OUTPATIENT AUTHORIZATION FORM

Complete and **Fax** to:  
Medical: 833-913-2996  
Behavioral Health: 833-500-0734  
Transplant: 833-500-0735  
Buy & Bill Drugs: 833-889-1461

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)

412 Auditory	794 Outpatient Services	<b>Behavioral Health</b> 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
422 Biopharmacy	171 Outpatient Surgery	
712 Cochlear Implants & Surgery	202 Pain Management	
299 Drug Testing	650 Radiation Therapy	
922 Experimental and 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		
141 Imaging	<b>DME</b>	
410 Observation	417 Rental <input type="text"/> (Purchase Price)	
211 OB Ultrasound	120 Purchase <input type="text"/>	
997 Office Visit/Consult		
709 Genetic Testing- For Genetic Testing please include GTU: <input type="text"/>		

**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.**