

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

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	
299 Drug Testing	202 Pain Management	
922 Experimental & Investigational Services	650 Radiation Therapy	
205 Genetic Testing & Counseling	201 Sleep Study	
249 Home health	209 Transplant Surgery	
390 Hospice Services	993 Transplant Evaluation	
290 Hyperbaric Oxygen Therapy	724 Transportation	
410 Observation	DME	
997 Office Visit/Consult	417 Rental <input type="text"/>	
	120 Purchase <input type="text"/> (Purchase Price)	
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.