

OUTPATIENT AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard requests - Determination within 2 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 2 business days 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 | 997 Office Visit/Consult | Behavioral Health | DME |
| 712 Cochlear Implants & Surgery | 210 Orthotics | 533 BH Applied Behavioral Analysis | 417 Rental |
| 299 Drug Testing | 794 Outpatient Services | 512 BH Community Based Services | 120 Purchase <input type="text"/> (Purchase Price) |
| 922 Experimental and Investigational Services | 171 Outpatient Surgery | 515 BH Electroconvulsive Therapy | |
| 205 Genetic Testing & Counseling | 202 Pain Management | 516 BH Intensive Outpatient Therapy | |
| 249 Home Health | 147 Prosthetics | 510 BH Medical Management | |
| 390 Hospice Services | 201 Sleep Study | 518 BH Mental Health /Chemical Dependency Observation | |
| 290 Hyperbaric Oxygen Therapy | 993 Transplant Evaluation | 519 BH Outpatient Therapy | |
| 211 OB Ultrasound | 209 Transplant Surgery | 530 BH PHP | |
| 410 Observation | 724 Transportation | 520 BH Professional Fees | |
| | | 522 BH Psychiatric Evaluation | |
| | | 521 BH Psychological Testing | |

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.