



OUTPATIENT AUTHORIZATION FORM

Complete and **Fax** to:
Medical: 1-855-690-5433
Buy & Bill Drugs: 833-893-1471

Request for additional units. Existing Authorization Units

Standard requests -Determination within 36 hours, which shall include one working day, or up to 14 days, if necessary, to receive all pertinent clinical information.

Urgent requests - Please call 1-855-650-3789. *Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

* INDICATES REQUIRED FIELD

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
*Servicing Provider Address *City *State *Zip

AUTHORIZATION REQUEST

*Primary Diagnosis Code
(ICD-10)

Place of Service Codes Full List: <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>

*Primary Procedure Code 1 *Start Date OR Admission Date 1 End Date OR Discharge Date 1 Total Units/Visits/Days 1 *Place Of Service Code 1
(CPT/HCPCS) (Modifier) (MMDDYYYY) (MMDDYYYY)

Additional Procedure Code 2 Start Date OR Admission Date 2 End Date OR Discharge Date 2 Total Units/Visits/Days 2 Place Of Service Code 2
(CPT/HCPCS) (Modifier) (MMDDYYYY) (MMDDYYYY)

Additional Procedure Code 3 Start Date OR Admission Date 3 End Date OR Discharge Date 3 Total Units/Visits/Days 3 Place Of Service Code 3
(CPT/HCPCS) (Modifier) (MMDDYYYY) (MMDDYYYY)

Additional Procedure Code 4 Start Date OR Admission Date 4 End Date OR Discharge Date 4 Total Units/Visits/Days 4 Place Of Service Code 4
(CPT/HCPCS) (Modifier) (MMDDYYYY) (MMDDYYYY)

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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