

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** 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) (Modifier)
 Additional Procedure Code (CPT/HCPCS) (Modifier) (Modifier)
 *Start Date OR Admission Date (MMDDYYYY)
 *Diagnosis Code (ICD-10)
 Additional Procedure Code (CPT/HCPCS) (Modifier) (Modifier)
 Additional Procedure Code (CPT/HCPCS) (Modifier) (Modifier)
 End Date OR Discharge Date (MMDDYYYY)
 Total Units/Visits/Days

***OUTPATIENT SERVICE TYPE** (Enter the Service type number in the boxes)

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