

# OUTPATIENT PRIOR AUTHORIZATION FORM

Standard Requests: **Fax** 833-967-0502  
 Transplant Requests: **Fax** 833-967-0500  
 Biopharmacy: **Fax** 833-938-0826  
 Behavioral Health: **Fax** 833-967-0498

Request for additional units. Existing Authorization  Units

**Standard Requests** - Determination within 7 calendar days of receipt of the request.

**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

## 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  Additional Procedure Code  \*Start Date OR Admission Date  \*Diagnosis Code   
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)

Additional Procedure Code  Additional Procedure Code  End Date OR Discharge Date  Total Units/Visits/Days   
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY)

### \*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- |   |                          |
|---|--------------------------|
| 412 Auditory                                  | 794 Outpatient Services  |
| 422 Biopharmacy                               | 171 Outpatient Surgery   |
| 299 Drug Testing                              | 202 Pain Management      |
| 922 Experimental and Investigational Services | 161 ABA Services         |
| 205 Genetic Testing & Counseling              | 201 Sleep Study          |
| 249 Home health                               | 790 Occupational Therapy |
| 390 Hospice Services                          | 101 Physical Therapy     |
| 290 Hyperbaric Oxygen Therapy                 | 701 Speech Therapy       |
| 141 Imaging                                   | 992 Transplant           |
| 611 Infertility                               | 209 Transplant Surgery   |
| 724 Transportation                            |                          |
| 792 Vendor                                    |                          |
| 997 Office Visit/Consult                      |                          |

### DME

417 Rental   
 120 Purchase \$

### Is this for Discharge Needs?

Yes  No

### Behavioral Health 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
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 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.**

**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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