

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 - if this request exceeds more than four (4) procedure codes, please complete and attach the [OP Auth Supplemental Form](#)

*Primary Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	Additional Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	*Start Date OR Admission Date <input type="text"/> <small>(MMDDYYYY)</small>	*Diagnosis Code <input type="text"/> <small>(ICD-10)</small>
Additional Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	Additional Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	End Date OR Discharge Date <input type="text"/> <small>(MMDDYYYY)</small>	Total Units/Visits/Days <input type="text"/>

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

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

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.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.