



# OUTPATIENT AUTHORIZATION FORM

Complete and Fax to: 855-678-6981  
Transplant Request Fax to: 833-550-1337

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  X URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

## 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

## 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	<b>Behavioral Health</b>	<b>DME</b>
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.**

**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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