



OUTPATIENT AUTHORIZATION FORM

Complete and Fax to: 1-855-678-6981
Transplant Request Fax to: 1-833-550-1337
Discharge ONLY DME/Home Health Fax to: 1-833-422-1462
Buy & Bill Drugs Fax to: 1-866-351-7388

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	Behavioral Health	DME
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
922 Experimental and Investigational Services	171 Outpatient Surgery	515 BH Electroconvulsive Therapy	<input type="text"/> (Purchase Price)
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.