

# OUTPATIENT Prior Authorization Fax Form

Request for additional units. Existing Authorization  Units

Standard Request - Determination within 15 calendar days of receiving all necessary information.

Urgent Request - 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.

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

\* INDICATES REQUIRED FIELD

## 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	DME	497 Office Visit/Specialty Consult	
924 Chiropractic	417 Rental	210 Orthotics	
712 Cochlear Implants and Surgery	120 Purchase <input type="text"/> (Purchase Price)	927 Outpatient Hospice	
<b>Dental Anesthesia</b>	709 Genetic Testing	794 Outpatient Services	
911 Office Visit	249 Home Health	171 Outpatient Surgery	
721 Other Site	290 Hyperbaric Oxygen Therapy	202 Pain Management	
	240 Inpatient Hospice	147 Prosthetics	
771 Dialysis	611 Infertility Treatments	201 Sleep Study	
299 Drug Testing	211 OB Ultrasound(s)	724 Transportation	

**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 benefit and medically necessary with prior authorization as per Ambetter policy and procedures.

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