

# OUTPATIENT AUTHORIZATION FORM

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.

URGENT REQUESTS MUST BE SIGNED BY THE 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	997 Office Visit/Consult	<b>Behavioral Health</b>	
712 Cochlear Implants & Surgery	794 Outpatient Services	533 BH Applied Behavioral Analysis	
299 Drug Testing	171 Outpatient Surgery	512 BH Community Based Services	
922 Experimental and Investigational Services	202 Pain Management	514 BH Day Treatment	<b>DME</b>
205 Genetic Testing & Counseling	650 Radiation Therapy	515 BH Electroconvulsive Therapy	417 Rental <input type="text"/>
249 Home Health	201 Sleep Study	516 BH Intensive Outpatient Therapy	120 Purchase <input type="text"/>
390 Hospice Services	993 Transplant Evaluation	510 BH Medical Management	(Purchase Price)
290 Hyperbaric Oxygen Therapy	209 Transplant Surgery	518 BH Mental Health /Chemical Dependency Observation	
395 Infertility Diagnosis or Treatment	724 Transportation	519 BH Outpatient Therapy	
410 Observation		530 BH PHP	
		520 BH Professional Fees	
		521 BHPsychological Testing	
		522 BH Psychiatric Evaluation	

**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.**