



# 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.

**\* INDICATES REQUIRED FIELD**  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)

|                                               |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 412 Auditory                                  | 997 Office Visit/Consult                           | <b>Behavioral Health</b><br>533 BH ABA Services<br>510 BH Medical Management<br>530 BH PHP<br>512 BH Community Based Services<br>514 BH Day Treatment<br>515 BH Electroconvulsive Therapy<br>516 BH Intensive Outpatient Therapy<br>518 BH Mental Health /Chemical Dependency Observation<br>519 BH Outpatient Therapy<br>520 BH Professional Fees<br>521 BH Psychological Testing<br>522 BH Psychiatric Evaluation |
| 422 Biopharmacy                               | 794 Outpatient Services                            |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 712 Cochlear Implants & Surgery               | 171 Outpatient Surgery                             |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 299 Drug Testing                              | 202 Pain Management                                |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 922 Experimental and Investigational Services | 650 Radiation Therapy                              |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 205 Genetic Testing & Counseling              | 201 Sleep Study                                    |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 249 Home health                               | 993 Transplant Evaluation                          |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 390 Hospice Services                          | 209 Transplant Surgery                             |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 290 Hyperbaric Oxygen Therapy                 | 724 Transportation                                 |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 141 Imaging                                   | <b>DME</b>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 395 Infertility Diagnosis or Treatment        | 417 Rental <input type="text"/>                    |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 410 Observation                               | 120 Purchase <input type="text"/> (Purchase Price) |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 211 OB Ultrasound                             |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                     |

**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.**