OUTPATIENT PRIOR AUTHORIZATION FORM

louisiana healthcare connections

Standard Requests: **Fax** 877-401-8175
Transplant Requests: **Fax** 833-414-1671
LHCC Biopharmacy: **Fax** 866-925-3006

☐ Request for additional units. Existing Authorization _____ Units _____

☐ **Standard Requests -** Determination within 14 calendar days of receipt of the request.

☐ **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**

MEMBER INFORMATION

*Medicaid/Member ID

*Date of Birth (MMDDYYYY)

Last Name, First

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
422 Biopharmacy
712 Cochlear Implants & Surgery
299 Drug Testing
205 Genetic Testing & Counseling
249 Home health
390 Hospice Services
290 Hyperbaric Oxygen Therapy
729 Neuropsychological Testing
112 Nutritional Supplements and/or Services
410 Observation
997 Office Visit/Consult
724 Transportation
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
470 Personal Care Worker Services
257 Personal Care Services (DOJ)
650 Radiation Therapy
201 Sleep Study
790 Occupational Therapy
101 Physical Therapy
701 Speech Therapy
993 Transplant Evaluation
209 Transplant Surgery

DME
417 Rental
120 Purchase
$

Outpatient Surgery Examples:
- Bone Marrow Biopsy/Aspiration
- Hysterectomy
- Mammoplasty
- Rhino/Septoplasty

Is this for Discharge Needs?
Yes ☐ No ☐

Chronic Needs Case?
Yes ☐ No ☐

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.

Rev. 01 25 2022
LA-PAF-0658