

OUTPATIENT PRIOR AUTHORIZATION FORM

Physical Health **Fax** 877-401-8175
 Transplant Requests: **Fax** 833-414-1671
 LHCC Biopharmacy: **Fax** 866-925-3006
 Behavioral Health Requests: **Fax** 888-725-0101

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 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) <input type="text"/>	
Behavioral Health			
510 BH Medical Management	412 Auditory	202 Pain Management	DME
512 BH Community Based Services- (MHR, ACT, MST etc)	422 Biopharmacy	470 Personal Care Worker Services	417 Rental
513 BH Crisis Psychotherapy	712 Cochlear Implants & Surgery	650 Radiation Therapy	120 Purchase
514 BH Day Treatment	299 Drug Testing	201 Sleep Study	\$ <input type="text"/>
515 BH Electroconvulsive Therapy	205 Genetic Testing & Counseling	790 Occupational Therapy	
516 BH Intensive Outpatient Therapy	249 Home health	101 Physical Therapy	
519 BH Outpatient Therapy	390 Hospice Services	701 Speech Therapy	
520 BH Professional Fees	290 Hyperbaric Oxygen Therapy	993 Transplant Evaluation	
521 BH Psychological Testing	729 Neuropsychological Testing	209 Transplant Surgery	
522 BH Psychiatric Evaluation	112 Nutritional Supplements and/or Services	724 Transportation	
533 BH Applied Behavioral Analysis	410 Observation		
	997 Office Visit/Consult		
	794 Outpatient Services		
	171 Outpatient Surgery		

**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.**