

OUTPATIENT PRIOR AUTHORIZATION FAX FORM

Request for additional units. Existing Authorization Units

Is this for Discharge Needs? Yes No Chronic Needs Case: Yes No

Standard Request - Determination within 14 calendar days of receipt of the request.

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

Date of Birth *

MEMBER INFORMATION

Member ID/Medicaid ID *

Last Name, First

(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 *

Additional Procedure Code

Start Date OR Admission Date *

Diagnosis Code *

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date

Total Units/Visits/Days

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

ESPD Coordinator Name

ESPD Coordinator Phone

ESPD Coordinator Fax

OUTPATIENT SERVICE TYPE * (Enter the Service type number in the boxes)

412 Auditory Services
422 Biopharmacy
924 Chiropractic
712 Cochlear Implants & Surgery

Dental Anesthesia

911 Office Visit
721 Other Site

771 Dialysis

DME

417 Rental
120 Purchase

299 Drug Testing
709 Genetic Testing
249 Home Health
290 Hyperbaric Oxygen Therapy
729 Neuropsych Testing

Nutritional Supplements and/or Services

407 Enteral Feedings
102 Medical Food and Thickener
441 Parenteral Feedings

410 Observation
497 Office Visit/Specialty Consult
210 Orthotics
927 Outpatient Hospice

Observation requires Authorization after 31 hours or more

794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
470 Personal Care Worker Services
147 Prosthetics
650 Radiation Therapy
201 Sleep Study
724 Transportation

Outpatient Surgery Examples:

- Bone Marrow Biopsy/Aspiration
- Hysterectomy
- Mammoplasty
- Rhino/Septoplasty

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 Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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