

Request for additional units. Existing Authorization Units

Standard Request - Determination within 14 working days of receiving all necessary information

Expedited 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

MEMBER INFORMATION

Member ID/Medicaid 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 * 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)

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

Behavioral Health	DME	Home Health Therapy	Office Visit / Consult
150 Behavioral Health Residential Facility	417 Rental	101 Physical Therapy	497 Office Visit/Specialty Consult
160 Electro Convulsive Therapy	120 Purchase \$ <input type="text"/> (Purchase Price)	790 Occupational Therapy	
175 Home Care Training to Home Care Client	299 Drug Testing	701 Speech Therapy	210 Orthotics
355 Behavioral Health Therapeutic Homes	750 Fixed Wing Air Ambulance Transportation	600 Home Health-Infusion	749 Outpatient Services
422 Biopharmacy	709 Genetic Testing	670 Home Health-Enteral Nutrition	171 Outpatient Surgery
680 Chiropractic Care (18-20 yr. old only)	660 Hearing Aide	240 Hospice	202 Pain Management
712 Cochlear Implants	249 Home Health	290 Hyperbaric Oxygen Therapy	147 Prosthetics
295 Dental Anesthesia		141 Imaging	201 Sleep Study
		211 OB Ultrasound	
		410 Observation	

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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