

☐ 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.

X 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

150 Behavioral Health Residential Facility

160 Electro Convulsive Therapy

175 Home Care Training to Home Care Client

355 Behavioral Health Therapeutic Homes

422 Biopharmacy

680 Chiropractic Care (18-20 yr. old only)

712 Cochlear Implants

295 Dental Anesthesia

DME

417 Rental

120 Purchase \$ (Purchase Price)

299 Drug Testing

750 Fixed Wing Air Ambulance Transportation

709 Genetic Testing

660 Hearing Aide

249 Home Health

Home Health Therapy

101 Physical Therapy

790 Occupational Therapy

701 Speech Therapy

600 Home Health-Infusion

670 Home Health-Enteral Nutrition

240 Hospice

290 Hyperbaric Oxygen Therapy

141 Imaging

211 OB Ultrasound

410 Observation

Office Visit / Consult

497 Office Visit/Specialty Consult

210 Orthotics

749 Outpatient Services

171 Outpatient Surgery

202 Pain Management

147 Prosthetics

201 Sleep Study

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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