

Request for additional units. Existing Authorization Units

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

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

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 * (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 Services	Nutritional Supplements and/or Services	210	Orthotics	
422	Biopharmacy	441	Parenteral Feedings	794	Outpatient Services
712	Cochlear Implants and Surgery	410	Observation	171	Outpatient Surgery
	Dental Anesthesia	Office Visit/Specialty Consult	202	Pain Management	
911	Office Visit	200	Office Visit/Specialty Consult - 21 yrs and older (nonpar only)	101	Physical Therapy
721	Other Site	722	Office Visit/Specialty Consult - Under 21 yrs Old	971	Physical Therapy Evaluation (nonpar only)
	DME	790	Occupational Therapy	147	Prosthetics
417	Rental	279	Occupational Therapy Evaluation (nonpar only)	701	Speech Therapy
120	Purchase <input type="text"/> (Purchase Price)			127	Speech Therapy Evaluation (nonpar only)
299	Drug Testing			724	Transportation
709	Genetic Testing			750	Fixed Wing Air Transportation
249	Home Health				

**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.**