

# 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

## MEMBER INFORMATION

Member ID/Medicaid ID \*  Last Name, First  Date of Birth \*

## 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.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.