

Request for additional units. Existing Authorization Units

Standard Requests - Determination within 7 business days of receiving all necessary information

Urgent Requests - I certify this request is urgent and medically necessary and following the standard timeframe could seriously jeopardize the member's life or health or the ability to attain, maintain or regain maximal function within 24 hours to avoid complications.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

*Medicaid/Member 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) (CPT/HCPCS) (Modifier) *Start Date OR Admission Date (MMDDYYYY) *Diagnosis Code (ICD-10)
Additional Procedure Code (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) End Date OR Discharge Date (MMDDYYYY) Total Units/Visits/Days

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- 422 Biopharmacy
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental & Investigational Services
- 205 Genetic Testing & Counseling
- 660 Hearing Aide
- 249 Home health
- 390 Hospice Services
- 290 Hyperbaric Oxygen Therapy
- 141 Imaging
- 997 Office Visit/Consult

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 201 Sleep Study
- 472 Stereotactic Radiosurgery
- 790 Occupational Therapy
- 101 Physical Therapy
- 701 Speech Therapy
- 212 Therapy Evaluation
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

BEHAVIORAL HEALTH

- 519 BH Outpatient Therapy

DME

- 417 Rental
- 120 Purchase

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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