

# OUTPATIENT AUTHORIZATION FORM

Request for additional units. Existing Authorization  Units

**Standard requests -** Determination within 15 calendar days of receiving all necessary information.

**Urgent requests -** 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.

**\* INDICATES REQUIRED FIELD**  URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

## MEMBER INFORMATION

\*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) 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)

- |   |                           |   |  |
|---|---------------------------|---|--|
| 422 Biopharmacy                               | 794 Outpatient Services   | <b>Behavioral Health</b>                              | <b>DME</b>   |
| 712 Cochlear Implants & Surgery               | 171 Outpatient Surgery    | 512 BH Community Based Services                       | 417 Rental   |
| 299 Drug Testing                              | 202 Pain Management       | 515 BH Electroconvulsive Therapy                      | 120 Purchase <input type="text"/> (Purchase Price) |
| 922 Experimental and Investigational Services | 650 Radiation Therapy     | 516 BH Intensive Outpatient Therapy                   |  |
| 205 Genetic Testing & Counseling              | 201 Sleep Study           | 510 BH Medical Management                             |  |
| 249 Home Health                               | 993 Transplant Evaluation | 518 BH Mental Health /Chemical Dependency Observation |  |
| 390 Hospice Services                          | 209 Transplant Surgery    | 519 BH Outpatient Therapy                             |  |
| 290 Hyperbaric Oxygen Therapy                 | 724 Transportation        | 530 BH PHP  |  |
| 410 Observation                               |                           | 520 BH Professional Fees                              |  |
| 997 Office Visit/Consult                      |                           | 522 BH Psychiatric Evaluation                         |  |
|   |                           | 521 BH Psychological Testing                          |  |

**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 benefit and medically necessary with prior authorization as per Ambetter policy and procedures.

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