



OUTPATIENT AUTHORIZATION

OHIO

All Part B Drug Requests: **Fax** 1-844-941-1329
Expedited Requests: **Call** 1-833-998-5024
Standard Requests: **Fax** 1-877-861-6722
Transplant Requests: **Fax** 1-833-974-3116

☐ Request for additional units. Existing Authorization

Units

☐ **For Standard requests, complete this form and FAX to 1-877-861-6722.** Determination made as expeditiously as the enrollee's health condition requires, but no later than **7** calendar days after receipt of request.

☐ **For Expedited requests, please CALL 1-833-998-5024** Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

* INDICATES REQUIRED FIELD

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)

712 Cochlear Implants & Surgery
299 Drug Testing
922 Experimental & Investigationsal Services
205 Genetic Testing & Counseling
249 Home Health
225 Home Meals
290 Hyperbaric Oxygen Therapy
395 Infertility Diagnosis or Treatment
729 Neuropsychological Testing
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
997 Office Visit/Consult

422 Biopharmacy
724 Transportation
209 Transplant Surgery
650 Radiation Therapy
427 Rehab
201 Sleep Study
212 Therapy Evaluation
790 Occupational Therapy
101 Physical Therapy
701 Speech Therapy

Behavioral Health

510 BH Medical Management
512 BH Community Based Services
513 BH Crisis Psychotherapy
514 BH Day Treatment
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy (IOP)
518 BH Mental Health/Chemical Dependency Observation
519 BH Outpatient Therapy
520 BH Professional Fees
530 BH Partial Hospitalization Program (PHP)

DME (Orthotics and Prosthetics)

417 DME Rental
120 DME Purchase

(Purchase Price)

Are services needed for discharge planning?

☐

YES

☐

NO

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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