

Request for additional units. Existing Authorization Units

Standard Request - Determination within 14 days from receipt of all necessary information.

Expedited 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 * 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
 Is this Member a Long Term Care (LTC) Member? YES NO Is this Request for Medicare Services or Medicaid Services

OUTPATIENT SERVICE TYPE * (Enter the Service type number in the boxes)

- 422 Biopharmacy
- 401 Cardiac Pulmonary Rehab
- 712 Cochlear Implants & Surgery (Medicaid Only)
- DME (Orthotics and Prosthetics)**
- 417 Rental
- 120 Purchase (Purchase Price)
- 299 Drug Testing
- 799 Genetic Counseling (Medicaid Nonpar Only)
- 709 Genetic Testing
- 249 Home Health
- 121 Long Term Acute Care
- 729 Neuropsych Testing

- 211 OB Ultrasound (Medicaid Nonpar Only)
- 410 Observation (only > 48 hrs)
- 927 Outpatient Hospice (Medicaid Only)
- 794 Outpatient Services
- 171 Outpatient Surgery
- 997 Office Visit/Consult (non par only)
- 202 Pain Management
- 420 Pulmonary Rehab
- 201 Sleep Study

Therapy Evaluation (Medicaid Only)

- 279 Occupational
- 971 Physical
- 127 Speech

Therapy Services

- 790 Occupational
- 101 Physical
- 701 Speech
- 617 Non-Emergent Medical
- Transportation-Ambulance Only
- 290 Hyperbaric Oxygen Therapy

Outpatient Services Example:

- Skin Debridement/Wound Care
- Home Health Examples:**
- Skilled Nursing Visits
- Home Health Aid

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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