

Request for additional units. Existing Authorization Units

Standard Request - Determination within 5 business days of receiving all necessary information.

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 * (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)

199 Adult Day Care	390 Hospice Services	Therapy 790 Occupational Therapy 701 Speech Therapy 101 Physical Therapy
412 Auditory	112 Nutritional Supplements and/or Services	
422 Bio Pharmacy	410 Observation	
712 Cochlear Impants and Surgery	997 Office Visit/Consult	DME 417 Rental <input type="text"/> 120 Purchase <input type="text"/> (Purchase Price)
299 Drug Testing	210 Orthotics	
205 Genetic Testing and Counseling	794 Outpatient Services	
249 Home Health	171 Outpatient Surgery	
922 Experimental and Investigational Services	147 Prosthetics	
202 Pain Management	992 Transplant	
	724 Transportation	

**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: A prior authorization is not a guarantee of payment. Payment may be denied in accordance with Plan's policies and procedures and applicable law.

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