

# OUTPATIENT AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

**Standard requests** - Determination within 14 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.

\*Date of Birth

## MEMBER INFORMATION

\*Medicaid/Member ID

Last Name, First

(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

Additional Procedure Code

\*Start Date OR Admission Date

\*Diagnosis Code

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date

Total Units/Visits/Days

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

### \*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- |   |                                   |                                     |
|---|-----------------------------------|-------------------------------------|
| 422 Biopharmacy                               | 410 Observation                   |                                     |
| 712 Cochlear Implants & Surgery               | 997 Office Visit/Consult          |                                     |
| 299 Drug Testing                              | 210 Orthotics                     |                                     |
| 922 Experimental and Investigational Services | 794 Outpatient Services           |                                     |
| 709 Genetic Testing                           | 171 Outpatient Surgery            | 417 DME - Rental                    |
| 249 Home Health                               | 202 Pain Management               | 120 DME - Purchase (Purchase Price) |
| 390 Hospice Services                          | 147 Prosthetics                   |                                     |
| 290 Hyperbaric Oxygen Therapy                 | 201 Sleep Study                   |                                     |
| 395 Infertility Diagnosis or Treatment        | 750 Transport Fixed Wing Airplane |                                     |
| 211 OB Ultrasound                             | 792 Vendor                        |                                     |

**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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