

Request for additional units. Existing Authorization Units

Standard Request - Determination within 14 calendar days of receiving 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/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 * **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)		<input type="text"/>	
412	Auditory Services	650	Radiation Therapy	171	Outpatient Surgery
422	Biopharmacy	472	Stereotactic Radiosurgery	794	Outpatient Services
299	Drug Testing	499	Transplants - Office Visit	DME	
922	Experimental & Investigational Services	109	Transplants - Other Visit	417	Rental
709	Genetic Testing	997	Office Visit/Consult (non par)	120	Purchase
799	Genetic Counseling	365	Office Visit/Vaccines & Administration	\$ <input type="text"/> (Purchase Price)	
249	Home Health	370	Office Visit/Dermatology Procedure	Nutritional Supplements and/or services	
927	Outpatient Hospice	375	Office Visit/ Dental	407	Enteral Feedings
290	Hyperbaric Oxygen Therapy	701	Speech Therapy	441	Parenteral Feedings
410	Observation	101	Physical Therapy	360	Modified Solid Food Supplements
792	Vendor	790	Occupational Therapy		
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.**