

Request for additional units. Existing Authorization Units

Standard Request - Determination within 5 working days of receiving all necessary information, not to exceed 14 calendar days from receipt.

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.

*** INDICATES REQUIRED FIELD** URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

*Date of Birth

MEMBER INFORMATION

*Member ID Last Name, First (MMDDYYYY)

ORDERING PROVIDER INFORMATION

*Ordering NPI *Ordering TIN Ordering Provider Contact Name

Ordering Provider Name Phone *Fax

SERVICING PROVIDER / FACILITY INFORMATION

↳ Same as Ordering 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 box)

422 Biopharmacy	201 Sleep Study
299 Drug Testing	993 Transplant Evaluation
709 Genetic Testing	209 Transplant Surgery
249 Home health	724 Transportation
390 Hospice Services	
997 Office Visit/Consult	
794 Outpatient Services	
171 Outpatient Surgery	
202 Pain Management	
470 Personal Care Worker Services	DME
101 Physical Therapy	417 Rental <input style="width: 100px; height: 20px;" type="text"/>
790 Occupational Therapy	120 Purchase <input style="width: 100px; height: 20px;" type="text"/>
701 Speech Therapy	(Purchase Price)
107 Respite Care	

BEHAVIORAL HEALTH

510 BH Medical Management	521 BH Psychological Testing
530 BH PHP	522 BH Psychiatric Evaluation
512 BH Community Based Services	
513 BH Crisis Psychotherapy	
514 BH Day Treatment	
515 BH Electroconvulsive Therapy	
516 BH Intensive Outpatient Therapy	
517 BH Medication Check	
518 BH Mental Health /Chemical Dependency Observation	
519 BH Outpatient Therapy	
520 BH Professional Fees	

**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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