

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 *

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)		Nutritional Supplements and/or Services	
412	Auditory Services	441	Parenteral Feedings
422	Biopharmacy	410	Observation
712	Cochlear Implants and Surgery		
	Dental Anesthesia		Office Visit/Specialty Consult
911	Office Visit	200	Office Visit/Specialty Consult - 21 yrs and older (nonpar only)
721	Other Site	722	Office Visit/Specialty Consult - Under 21 yrs Old
	DME	790	Occupational Therapy
417	Rental	279	Occupational Therapy Evaluation (nonpar only)
120	Purchase <input type="text"/> (Purchase Price)		
299	Drug Testing	210	Orthotics
709	Genetic Testing	794	Outpatient Services
249	Home Health	171	Outpatient Surgery
		202	Pain Management
		101	Physical Therapy
		971	Physical Therapy Evaluation (nonpar only)
		147	Prosthetics
		701	Speech Therapy
		127	Speech Therapy Evaluation (nonpar only)
		724	Transportation
		750	Fixed Wing Air 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.