

# 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

\*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)

- |   |                          |                                     |
|---|--------------------------|-------------------------------------|
| 412 Auditory                                  | 211 OB Ultrasound        |                                     |
| 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  | 417 DME - Rental                    |
| 205 Genetic Testing & Counseling              | 171 Outpatient Surgery   | 120 DME - Purchase (Purchase Price) |
| 249 Home Health                               | 202 Pain Management      |                                     |
| 390 Hospice Services                          | 147 Prosthetics          |                                     |
| 290 Hyperbaric Oxygen Therapy                 | 428 Second Opinion       |                                     |
| 395 Infertility Diagnosis or Treatment        | 201 Sleep Study          |                                     |
|   | 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:** 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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