

Request for additional units. Existing Authorization  Units

**Standard requests** - Determination within 4 calendar days from receipt of 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 48 hours to avoid complications and unnecessary suffering or severe pain.

\* INDICATES REQUIRED FIELD

**MEMBER INFORMATION**

Medicaid/Member 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\*  (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)

- 422 Biopharmacy
- 401 Cardiac/Pulmonary Rehab
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 205 Genetic Testing & Counseling
- 249 Home health
- 390 Hospice Services
- 729 Neuropsychological Testing
- 410 Observation
- 997 Office Visit/Consult
- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 101 Physical Therapy
- 790 Occupational Therapy
- 701 Speech Therapy
- 209 Transplant Surgery
- 993 Transplant Evaluation
- 724 Transportation

**Behavioral Health**

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

**DME**

417 Rental   
120 Purchase  (Purchase Price)

**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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