

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* 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)

- | | | | |
|----------------------------------|---------------------------|---|--|
| 422 Biopharmacy | 202 Pain Management | Behavioral Health | DME |
| 401 Cardiac/Pulmonary Rehab | 790 Occupational Therapy | 510 BH Medical Management | 417 DME (Orthotics and Prosthetics) - Rental |
| 712 Cochlear Implants & Surgery | 101 Physical Therapy | 530 BH PHP | 120 DME (Orthotics and Prosthetics) - Purchase |
| 299 Drug Testing | 701 Speech Therapy | 512 BH Community Based Services | (Purchase Price) |
| 205 Genetic Testing & Counseling | 993 Transplant Evaluation | 513 BH Crisis Psychotherapy | |
| 249 Home Health | 209 Transplant Surgery | 514 BH Day Treatment | |
| 390 Hospice Services | 724 Transportation | 515 BH Electroconvulsive Therapy | |
| 729 Neuropsychological Testing | | 516 BH Intensive Outpatient Therapy | |
| 410 Observation | | 518 BH Mental Health /Chemical Dependency Observation | |
| 997 Office Visit/Consult | | 519 BH Outpatient Therapy | |
| 794 Outpatient Services | | 520 BH Professional Fees | |
| 171 Outpatient Surgery | | 522 BH Psychiatric Evaluation | |
| | | 521 BH Psychological Testing | |

**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.**

