

Request for additional units. Existing Authorization [ ] Units [ ]

For Standard requests, complete this form and FAX to the appropriate department. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after receipt of request.

For Expedited requests, please CALL 855-323-4578. Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

\* INDICATES REQUIRED FIELD

MEMBER INFORMATION

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 \* [ ]
Additional Procedure Code [ ] Additional Procedure Code [ ] End Date OR Discharge Date [ ] Total Units/Visits/Days [ ]

OUTPATIENT SERVICE TYPE\*

(Enter the Service type number in the boxes) [ ]

- 422 Biopharmacy (fax to 844-930-4394)
401 Cardiac/Pulmonary Rehab
712 Cochlear Implants & Surgery
682 Community Transition
299 Drug Testing
725 Emergency Response - Installation
340 Emergency Response - Monthly Rental
922 Experimental & Investigational Services
205 Genetic Testing & Counseling
660 Hearing Aide
249 Home Health
657 Home Health Waiver
201 Sleep Study
724 Transportation
709 Genetic Testing- For Genetic Testing please include GTU: [ ]

- 225 Home Meals
104 Home Modifications
390 Hospice Services
290 Hyperbaric Oxygen Therapy
410 Observation
997 Office Visit/Consult
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
650 Radiation Therapy
107 Respite Care
993 Transplant Evaluation
209 Transplant Surgery
310 Vision

- Behavioral Health
510 BH Medical Management
512 BH Community Based Services
513 BH Crisis Psychotherapy
514 BH Day Treatment
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy (IOP)
519 BH Outpatient Therapy
520 BH Professional Fees
521 BH Psychological Testing
522 BH Psychiatric Evaluation
530 BH Partial Hospitalization Program

DME (Orthotics and Prosthetics)

417 Rental [ ]
120 Purchase [ ] (Purchase Price)

Therapy

- 212 Therapy Evaluation
790 Occupational Therapy
101 Physical Therapy
701 Speech Therapy

Are services needed for discharge planning? YES [ ] NO [ ]

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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