

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* (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 (fax to 844-930-4394) | 225 Home Meals |
| 401 Cardiac/Pulmonary Rehab | 104 Home Modifications |
| 712 Cochlear Implants & Surgery | 390 Hospice Services |
| 682 Community Transition | 290 Hyperbaric Oxygen Therapy |
| 299 Drug Testing | 410 Observation |
| 725 Emergency Response - Installation | 997 Office Visit/Consult |
| 340 Emergency Response - Monthly Rental | 794 Outpatient Services |
| 922 Experimental & Investigational Services | 171 Outpatient Surgery |
| 205 Genetic Testing & Counseling | 202 Pain Management |
| 660 Hearing Aide | 650 Radiation Therapy |
| 249 Home Health | 107 Respite Care |
| 657 Home Health Waiver | 993 Transplant Evaluation |
| 201 Sleep Study | 209 Transplant Surgery |
| 724 Transportation | 310 Vision |

DME (Orthotics and Prosthetics)

417 Rental
 120 Purchase (Purchase Price)

Therapy

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

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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