



OUTPATIENT AUTHORIZATION FORM

Complete and **Fax** to: 1-855-690-5433

Request for additional units. Existing Authorization Units

Standard requests -Determination within 36 hours, which shall include one working day, or up to 14 days, if necessary, to receive all pertinent clinical information.

Please call 1-855-650-3789. *Urgent requests are made when the member or his/her physician believes that waiting for a decision

Urgent requests - under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

* INDICATES REQUIRED FIELD

*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	410 Observation	Behavioral Health	DME
422 Biopharmacy	997 Office Visit/Consult	533 BH Applied Behavioral Analysis	417 Rental
712 Cochlear Implants & Surgery	210 Orthotics	512 BH Community Based Services	120 Purchase (Purchase Price)
299 Drug Testing	794 Outpatient Services	515 BH Electroconvulsive Therapy	
922 Experimental and Investigational Services	171 Outpatient Surgery	516 BH Intensive Outpatient Therapy	
205 Genetic Testing & Counseling	202 Pain Management	510 BH Medical Management	
249 Home Health	147 Prosthetics	518 BH Mental Health /Chemical Dependency Observation	
390 Hospice Services	201 Sleep Study	519 BH Outpatient Therapy	
290 Hyperbaric Oxygen Therapy	993 Transplant Evaluation	530 BH PHP	
395 Infertility Diagnosis or Treatment	209 Transplant Surgery	520 BH Professional Fees	
211 OB Ultrasound	724 Transportation	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.

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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