



FROM | mhs

OUTPATIENT Prior Authorization Fax Form

Fax to: 855-702-7337

Request for additional units. Existing Authorization Units

Standard Request - Determination within 2 business days of receiving all necessary information

Urgent Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 24 hours to avoid complications and unnecessary suffering or severe pain.

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

* 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	DME	497 Office Visit/Specialty Consult
924 Chiropractic	417 Rental	210 Orthotics
712 Cochlear Implants and Surgery	120 Purchase <input type="text"/> (Purchase Price)	927 Outpatient Hospice
		794 Outpatient Services
Dental Anesthesia	709 Genetic Testing	171 Outpatient Surgery
911 Office Visit	249 Home Health	202 Pain Management
721 Other Site	290 Hyperbaric Oxygen Therapy	147 Prosthetics
	611 Infertility Treatments	201 Sleep Study
771 Dialysis	240 Inpatient Hospice	724 Transportation
299 Drug Testing	211 OB Ultrasound(s)	

**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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