OUTPATIENT
Prior Authorization Fax Form

Complete and Fax to: 1-866-796-0526

This is a standard authorization request that may take up to 14 days to process. **If this is an urgent/stat request, please contact us at 1-866-796-0530**.

O Request for additional units. Existing Authorization ____ Units ____

✱ INDICATES REQUIRED FIELD

MEMBER INFORMATION

Date of Birth ✱ (MMDDYYYY)

Member ID/Medicaid ID ✱

Last Name, First

REQUESTING PROVIDER INFORMATION

Requesting NPI ✱

Requesting TIN ✱

Requesting Provider Contact Name

Requesting Provider Name

Phone

Fax

SERVICING PROVIDER / FACILITY INFORMATION

↳ O *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)

Start Date *OR* Admission Date ✱ (MMDDYYYY)

Diagnosis Code ✱ (ICD-9)

Additional Procedure Code (CPT/HCPCS) (Modifier)

End Date *OR* Discharge Date (MMDDYYYY)

Total Units/Visits/Days

OUTPATIENT SERVICE TYPE ✱

(Fill in the square with an X)

Auditory Services
- *Office Visit*
- *Other Site*

Dialysis (Non Par Only)

Genetic Testing

Global OB Care
- *Office Visit*
- *Other Visit*

Hospital Outpatient Surgery

Observation

OB Ultrasound
- *Office Visit*
- *Other Site*

Office Visit (non-participating)
- *Office Visit*
- *Other Site*

Orthotics and Prosthetics (If purchase price greater than $500)

Pain Management
- *Office Visit*
- *Other Site*

Rehab (OT/PT/ST)

Transplants (Evals and Consults)
- *Office Visit*
- *Other Visit*

Transportation (Non-emergency)

Please contact NIA for Radiology Services.
Please contact Univita for DME and Home Health Care services.

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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