

YOUTHCARE OUTPATIENT PRIOR AUTHORIZATION

Standard Requests: **Fax** 844-989-0154
Behavioral Health Requests: **Fax** 833-387-3173
Transplant Requests: **Fax** 833-769-1145

Request for additional units. Existing Authorization Units

Standard requests - Determination within 4 calendar days from receipt of all necessary information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 hours to avoid complications and unnecessary suffering or severe pain.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Medicaid/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 | 202 Pain Management |
| 401 Cardiac/Pulmonary Rehab | 101 Physical Therapy |
| 712 Cochlear Implants & Surgery | 790 Occupational Therapy |
| 299 Drug Testing | 701 Speech Therapy |
| 205 Genetic Testing & Counseling | 209 Transplant Surgery |
| 249 Home health | 993 Transplant Evaluation |
| 390 Hospice Services | 724 Transportation |
| 729 Neuropsychological Testing | |
| 410 Observation | |
| 997 Office Visit/Consult | |
| 794 Outpatient Services | |
| 171 Outpatient Surgery | |

Behavioral Health

- 510 BH Medical Management
- 530 BH PHP
- 512 BH Community Based Services
- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 518 BH Mental Health /Chemical Dependency Observation
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 522 BH Psychiatric Evaluation
- 521 BH Psychological Testing

DME

- 417 Rental
 - 120 Purchase
- (Purchase Price)

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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