



# OUTPATIENT Prior Authorization Fax Form

Fax to:  
855-537-3447

☐ Request for additional units. Existing Authorization  Units

☐ Standard and Urgent Pre-Service Requests - Determination within 3 calendar days (72 hours) of receiving the request

\* 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 * <input type="text"/> (CPT/HCPCS)	Additional Procedure Code <input type="text"/> (CPT/HCPCS)	Start Date OR Admission Date * <input type="text"/> (MMDDYYYY)	Diagnosis Code * <input type="text"/> (ICD-10)
Additional Procedure Code <input type="text"/> (CPT/HCPCS)	Additional Procedure Code <input type="text"/> (CPT/HCPCS)	End Date OR Discharge Date <input type="text"/> (MMDDYYYY)	Total Units/Visits/Days <input type="text"/>

### OUTPATIENT SERVICE TYPE \* (Enter the Service type number in the boxes)

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