



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 * (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)

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
	299 Drug Testing	171 Outpatient Surgery
Dental Anesthesia	709 Genetic Testing	202 Pain Management
911 Office Visit	249 Home Health	147 Prosthetics
721 Other Site	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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