AUTHORIZATION SUBMISSION FAX: 888-300-9320

Section I: Member Information



REQUEST FOR AUTHORIZATION OF SERVICES

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICES BY ANY NON-PARTICIPATING PROVIDER. Payment only for the medical services noted below, and is subject to the limitations and exclusions in the Member Handbook/Certificate of Coverage.

Ordering Provider:	Member Name	Date of Bir	th Member ID
Section II: Provider Information Requesting Facility Address: Requesting Facility Phone #: Requesting Facility Fax #: Requesting Facility Neme: Requesting Facility Phone #: Requesting Facility Tax ID: Requesting Provider Name: Requesting Provider Name: Requesting Provider Address: Requesting Provider Address: Requesting Provider NPI: Requesting Provider Tax ID: Section III: Services Requested (Include copy of order or clinical note for out-of-network requests) Start Date: End Date: Abortion	Ordering Provider:	Phone #	Fax #
Requesting Facility Name: Requesting Facility Address: Requesting Facility Phone #: Requesting Facility NPI: Requesting Facility NPI: Requesting Facility NPI: Requesting Facility Tax ID: Requesting Provider Name: Requesting Provider Address: Requesting Provider Address: Requesting Provider NPI: Requesting Provider Tax ID: Section III: Services Requested (Include copy of order or clinical note for out-of-network requests) Start Date: Abortion Acute Rehabilitation Facility Air Ambulance Air Ambulance Air Ambulance Ambulance (for non-emergency transport) Behavioral Health Inpatient Outpatient and Partial Hospital Neurological Testing Psychological Testing Chemotherapy Dental Services Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, Nuclear Med, Cardiac, PET, PIII, MUGA, Medical Oncology, Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds Medical Nursing Facility Requesting Provider Scheep Study Rehab Therapy: FT, OT, ST, Outpatient and Office Experimental/Investigational Procedures Scheilber Scheins Scheinsteins Scheilber Scheins Scheinsteins S	Primary Diagnosis (ICD-10 Code & De	escription:	
Requesting Facility Name: Requesting Facility Address: Requesting Facility Phone #: Requesting Facility NPI: Requesting Facility NPI: Requesting Facility NPI: Requesting Facility Tax ID: Requesting Provider Name: Requesting Provider Address: Requesting Provider Address: Requesting Provider NPI: Requesting Provider Tax ID: Section III: Services Requested (Include copy of order or clinical note for out-of-network requests) Start Date: Abortion Acute Rehabilitation Facility Air Ambulance Air Ambulance Air Ambulance Ambulance (for non-emergency transport) Behavioral Health Inpatient Outpatient and Partial Hospital Neurological Testing Psychological Testing Chemotherapy Dental Services Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, Nuclear Med, Cardiac, PET, PIII, MUGA, Medical Oncology, Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds Medical Nursing Facility Requesting Provider Scheep Study Rehab Therapy: FT, OT, ST, Outpatient and Office Experimental/Investigational Procedures Scheilber Scheins Scheinsteins Scheilber Scheins Scheinsteins S			
Requesting Facility Address: Requesting Facility Phone #: Requesting Facility Fax #: Requesting Facility NPI: Requesting Facility Tax ID: Requesting Provider Name: Requesting Provider Address: Requesting Provider Address: Requesting Provider NPI: Requesting Provider Tax ID: Requesting Provider NPI: Requesting Provider Tax ID:	-	<u>ion</u>	
Requesting Facility Phone #: Requesting Facility Fax #: Requesting Facility NPI: Requesting Facility Tax ID: Requesting Provider Name: Requesting Provider Address: Requesting Provider Address: Requesting Provider NPI: Requesting Provider Tax ID: Section III: Services Requested (Include copy of order or clinical note for out-of-network requests) Abortion			
Requesting Provider Name: Requesting Provider Address: Requesting Provider Address: Requesting Provider Address: Requesting Provider NPI: Requesting Provider Tax ID: Section III: Services Requested (Include copy of order or clinical note for out-of-network requests) Start Date: End Date:		_	
Requesting Provider Name: Requesting Provider Address: Requesting Provider NPI: Requesting Provider Tax ID: Section III: Services Requested (Include copy of order or clinical note for out-of-network requests) Start Date: End Date: Inpatient Hospital Abortion			
Requesting Provider Address: Requesting Provider NPI: Requesting Provider Tax ID: Section III: Services Requested (Include copy of order or clinical note for out-of-network requests) Start Date: End Date: Inpatient Hospital Abortion	Requesting Facility NPI:	Requesting Facil	ity Tax ID:
Requesting Provider NPI: Requesting Provider Tax ID: Section III: Services Requested (Include copy of order or clinical note for out-of-network requests) Start Date:	Requesting Provider Name:		
Section III: Services Requested (Include copy of order or clinical note for out-of-network requests) Start Date: Abortion	Requesting Provider Address:		
Start Date: End Date: Abortion	Requesting Provider NPI:	Requesting	Provider Tax ID:
Start Date: End Date: Abortion			
Abortion	·	ed (Include copy of c	order or clinical note for out-of-network requests)
Acute Rehabilitation Facility	Start Date: End Date:		
Acute Rehabilitation Facility	☐ Abortion		☐ Inpatient Hospital
Air Ambulance Medical Nutrition Education Ambulance (for non-emergency transport) Medical supplies >\$250 (except diabetic supplies) Ambulatory Surgery Center MOHS Procedure (Dermatology) Behavioral Health Non-Participating Provider Outpatient and Partial Hospital Opioid Treatment Neurological Testing Orthotics >\$250 Psychological Testing Outpatient Hospital (excludes labs, ultrasounds, x-rays) Pain Management Chemotherapy Prosthetics Clinical Trials (not approved by Medicare) Radiation Therapy/Radiation Oncology Dental Services Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds DME (ISNP − all; CSNP >\$250) Rehab: Cardiac/Pulmonary/Respiratory Enteral Feeding Rehab Therapy: PT, OT, ST, Outpatient and Office Experimental/Investigational Procedures Skilled Nursing Facility Genetic Testing Sleep Study Home Health Services Sterilization Hospice (Notification Only) TMJ Treatment Hyperbaric Oxygen Therapy Transplant Implantable Pump, Device, Stimulator Wound Care (outpatient hospital only)	_		·
Ambulance (for non-emergency transport)	·		
□ Ambulatory Surgery Center □ MOHS Procedure (Dermatology) □ Behavioral Health □ Non-Participating Provider □ Inpatient □ Obstetrical Care □ Outpatient and Partial Hospital □ Opioid Treatment □ Neurological Testing □ Orthotics >\$250 □ Psychological Testing □ Outpatient Hospital (excludes labs, ultrasounds, x-rays) □ Pain Management □ Prosthetics □ Clinical Trials (not approved by Medicare) □ Radiation Therapy/Radiation Oncology □ Dental Services □ Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, □ Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, □ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP – all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)		ransport)	
Behavioral Health Non-Participating Provider □ Inpatient Obstetrical Care □ Outpatient and Partial Hospital Opioid Treatment □ Neurological Testing Orthotics >\$250 □ Psychological Testing Outpatient Hospital (excludes labs, ultrasounds, x-rays) □ Pain Management Prosthetics □ Chemotherapy Radiation Therapy/Radiation Oncology □ Dental Services Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, □ Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, □ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP − all; CSNP >\$250) Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)			
Inpatient			
□ Outpatient and Partial Hospital □ Opioid Treatment □ Neurological Testing □ Orthotics >\$250 □ Psychological Testing □ Outpatient Hospital (excludes labs, ultrasounds, x-rays) □ Pain Management □ Prosthetics □ Clinical Trials (not approved by Medicare) □ Radiation Therapy/Radiation Oncology □ Dental Services □ Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, □ Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, □ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP – all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Skilled Nursing Facility □ Genetic Testing □ Steep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)			, 5
□ Neurological Testing □ Orthotics >\$250 □ Psychological Testing □ Outpatient Hospital (excludes labs, ultrasounds, x-rays) □ Pain Management □ Prosthetics □ Clinical Trials (not approved by Medicare) □ Radiation Therapy/Radiation Oncology □ Dental Services □ Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, □ Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, □ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP – all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)		Hospital	<u> </u>
□ Psychological Testing □ Outpatient Hospital (excludes labs, ultrasounds, x-rays) □ Pain Management □ Prosthetics □ Clinical Trials (not approved by Medicare) □ Radiation Therapy/Radiation Oncology □ Dental Services □ Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, □ Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, □ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP – all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)	•		•
□ Pain Management □ Chemotherapy □ Prosthetics □ Clinical Trials (not approved by Medicare) □ Radiation Therapy/Radiation Oncology □ Dental Services □ Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, □ Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, □ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP – all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)	~		•
□ Chemotherapy □ Prosthetics □ Clinical Trials (not approved by Medicare) □ Radiation Therapy/Radiation Oncology □ Dental Services □ Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, □ Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, □ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP – all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)	_ r sychological resting		
□ Clinical Trials (not approved by Medicare) □ Radiation Therapy/Radiation Oncology □ Dental Services □ Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, □ Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, □ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP – all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)	☐ Chemotherany		
□ Dental Services □ Radiology/Diagnostic Test: CT, CTA, Echo, MRA, MRI, □ Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, □ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP − all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sterilization □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)		edicare)	
□ Diabetic Shoes Nuclear Med, Cardiac, PET, Pill, MUGA, Medical Oncology, □ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP – all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Steep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)		calcarcy	
□ Dialysis Virtual Colonoscopy or Endoscopy and 3-D Ultrasounds □ DME (ISNP – all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)			
□ DME (ISNP – all; CSNP >\$250) □ Rehab: Cardiac/Pulmonary/Respiratory □ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only)			
□ Enteral Feeding □ Rehab Therapy: PT, OT, ST, Outpatient and Office □ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only) □ Infusion Therapy	•		
□ Experimental/Investigational Procedures □ Skilled Nursing Facility □ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only) □ Infusion Therapy			
□ Genetic Testing □ Sleep Study □ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only) □ Infusion Therapy	S	redures	
□ Home Health Services □ Sterilization □ Hospice (Notification Only) □ TMJ Treatment □ Hyperbaric Oxygen Therapy □ Transplant □ Implantable Pump, Device, Stimulator □ Wound Care (outpatient hospital only) □ Infusion Therapy		ccuares	
 ☐ Hospice (Notification Only) ☐ Hyperbaric Oxygen Therapy ☐ Implantable Pump, Device, Stimulator ☐ Infusion Therapy ☐ Wound Care (outpatient hospital only)	_		
 ☐ Hyperbaric Oxygen Therapy ☐ Implantable Pump, Device, Stimulator ☐ Infusion Therapy ☐ Wound Care (outpatient hospital only) 			
☐ Implantable Pump, Device, Stimulator ☐ Wound Care (outpatient hospital only) ☐ Infusion Therapy			
☐ Infusion Therapy		lator	·
		ιαιυι	would care (outpatient nospital only)
	☐ Injections >\$100 billed charges pe	or unit	



CPT or HCPC Code(s)	Description	# of Visits/Injections

TO BE COMPLETED BY PERSON REQUESTING AUTHORIZATION				
☐ Standard Authorization: Authorizations will be processed within 14 days of receipt.				
☐ Expedited Authorization (Must Read and SIGN): By signing below I certify that waiting for a decision				
under the standard timeframe could place the Member's life or health in serious jeopardy.				
SIGNATURE:				
Name of Person Completing th	is Form: Date Completed:			
Contact #:	Authorization Notification Fax:			

This authorization is NOT a guarantee of eligibility or payment. Any services rendered beyond those authorized or outside approval dates will be subject to denial of payment.

This facsimile message is privileged and confidential. It is transmitted for the exclusive use of the addressee.

This communication may not be copied or disseminated except as directed by the addressee. If you have received this communication in error, please notify us immediately.