



OUTPATIENT AUTHORIZATION FORM (NEW JERSEY)

Complete and Fax to:
Medical: 1-833-787-0451
Behavioral: 1-833-538-0431
Transplant Requests: 1-833-787-0456

Request for additional units. Existing Authorization [] Units []

Standard requests - Determination within 15 calendar days of receiving 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 72 hours to avoid complications and unnecessary suffering or severe pain.

*** INDICATES REQUIRED FIELD** [X] URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

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) []

422 Biopharmacy	794 Outpatient Services	Behavioral Health
712 Cochlear Implants & Surgery	171 Outpatient Surgery	510 BH Medical Management
299 Drug Testing	202 Pain Management	530 BH Partial Hospitalization Program (PHP)
922 Experimental and Investigational Services	650 Radiation Therapy	512 BH Community Based Services
205 Genetic Testing & Counseling	201 Sleep Study	514 BH Day Treatment
249 Home health	209 Transplant Surgery	515 BH Electroconvulsive Therapy
390 Hospice Services	993 Transplant Evaluation	516 BH Intensive Outpatient Therapy
290 Hyperbaric Oxygen Therapy	724 Transportation	518 BH Mental Health /Chemical Dependency Observation
410 Observation		519 BH Outpatient Therapy
997 Office Visit/Consult		520 BH Professional Fees
	DME	521 BH Psychological Testing
	417 Rental [] (Purchase Price)	522 BH Psychiatric Evaluation
	120 Purchase [] (Purchase Price)	533 BH Applied Behavioral Analysis

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.