

OUTPATIENT AUTHORIZATION FORM (KENTUCKY)

Request for additional units. Existing Authorization Units

Standard requests - Determination within 3 business 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 24 hours to avoid complications and unnecessary suffering or severe pain.

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

MEMBER INFORMATION

*Medicaid/Member ID Last Name, First *Date of Birth

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 422 Biopharmacy 712 Cochlear Implants & Surgery 299 Drug Testing 922 Experimental & Investigational Services 205 Genetic Testing & Counseling 249 Home health 390 Hospice Services 290 Hyperbaric Oxygen Therapy 410 Observation 211 OB Ultrasound 997 Office Visit/Consult	794 Outpatient Services 171 Outpatient Surgery 202 Pain Management 650 Radiation Therapy 201 Sleep Study 209 Transplant Surgery 993 Transplant Evaluation 724 Transportation DME 417 Rental <input type="text"/> (Purchase Price) 120 Purchase <input type="text"/> (Purchase Price)	Behavioral Health 533 BH ABA Services 510 BH Medical Management 530 BH Partial Hospitalization Program (PHP) 512 BH Community Based Services 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 521 BH Psychological Testing 522 BH Psychiatric Evaluation
---	---	---

**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.**