



OUTPATIENT AUTHORIZATION FORM (GEORGIA)

Buy & Bill Drug Requests **Fax** to: 1-866-374-1579
Complete and **Fax** to: 1-866-532-8834
Transplant Requests **Fax** to: 1-833-783-0872
BH **Fax** to: 1-844-870-5064

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 to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function, within 24 hours.

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

*** INDICATES REQUIRED FIELD**
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 (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)

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| 401 Cardiac Pulmonary Rehab 181 Swing Bed DME 417 Rental 120 Purchase <input type="text"/> (\$) (Purchase Price) 299 Drug Testing 709 Genetic Testing 249 Home Health 600 Home Infusion 410 Observation 650 Radiation Therapy | Occupational Therapy 244 Outpatient Hospital 245 Other Site 497 Office Visit/Specialty Consult 927 Outpatient Hospice 794 Outpatient Services Drugs 422 Biopharmacy Buy & Bill Drugs Fax DRUG ORDERS to (1-866-374-1579) For Cancer Treatments (Chemotherapy & Radiation), please contact Evolent Specialty Services at my.newcenturyhealth.com | Physical Therapy 144 Outpatient Hospital 145 Other Site Speech Therapy 744 Outpatient Hospital 745 Other Site 724 Transportation | Behavioral Health 510 BH Medical Management 512 BH Community Based Services 513 BH Crisis Psychotherapy 514 BH Day Treatment 515 BH Electroconvulsive Therapy 516 BH Intensive Outpatient Therapy 519 BH Outpatient Therapy 520 BH Professional Fees 521 BH Psychological Testing 522 BH Psychiatric Evaluation 530 BH Partial Hospitalization Program 533 BH Applied Behavioral Analysis |
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For High Tech Imaging, please continue to contact Evolent

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 Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.
Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.
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