

This form to be used during Availity downtime only. For physical and behavioral health requests, please utilize the Availity portal (<https://www.availity.com/essentials>)  
 For buy and bill requests, please utilize the OCH Provider Portal (<https://www.oklahomacompletehealth.com/providers.html>).

 Request for additional units. Existing Authorization  Units 

**For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department above.** Determination made as expeditiously as the enrollee's health condition requires, but no later than 72 hours after receipt of request.

**For Expedited requests.** Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

\* INDICATES REQUIRED FIELD

## MEMBER INFORMATION

Member ID\*  Last Name, First  Date of Birth\*   
(MDDYYYY)

## 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"/> <small>(CPT/HCPCS)</small>	Additional Procedure Code <input type="text"/> <small>(CPT/HCPCS)</small>	*Start Date OR Admission Date <input type="text"/> <small>(MMDDYYYY)</small>	*Diagnosis Code <input type="text"/> <small>(ICD-10)</small>
Additional Procedure Code <input type="text"/> <small>(CPT/HCPCS)</small>	Additional Procedure Code <input type="text"/> <small>(CPT/HCPCS)</small>	End Date OR Discharge Date <input type="text"/> <small>(MMDDYYYY)</small>	Total Units/Visits/Days <input type="text"/>

### \*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- |   |   |  |                                 |
|---|---|--|---------------------------------|
| 412 Auditory Services                         | 997 Office Visit/Consult  | <b>Behavioral Health</b>               |                                 |
| 712 Cochlear Implants & Surgery               | 794 Outpatient Services   |  |                                 |
| 299 Drug Testing                              | 171 Outpatient Surgery  |  |                                 |
| 922 Experimental and Investigational Services | 202 Pain Management   |  |                                 |
| 709 Genetic Testing                           | 101 Physical Therapy  |  |                                 |
| 249 Home Health                               | 201 Sleep Study   |  |                                 |
| 225 Home Meals                                | 701 Speech Therapy  |  |                                 |
| 390 Hospice Services                          | 724 Transportation  |  |                                 |
| 410 Observation                               | 417 DME - Rental  |  |                                 |
| 790 Occupational Therapy                      | 120 DME - Purchase <input type="text"/> <small>(Purchase Price)</small> |  |                                 |
|   |   |  | 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 |                                 |

**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.