



# OUTPATIENT AUTHORIZATION FORM

(WELLCARE NORTH CAROLINA)

Complete and **Fax** to:  
Medical: 1-833-897-0322  
Behavioral: 1-833-538-2372  
Transplant: 1-833-897-0327

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  (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)

412 Auditory	794 Outpatient Services	<b>Behavioral Health</b>
422 Biopharmacy	171 Outpatient Surgery	510 BH Medical Management
712 Cochlear Implants & Surgery	202 Pain Management	530 BH Partial Hospitalization Program (PHP)
299 Drug Testing	650 Radiation Therapy	512 BH Community Based Services
922 Experimental & Investigational Services	201 Sleep Study	514 BH Day Treatment
205 Genetic Testing & Counseling	209 Transplant Surgery	515 BH Electroconvulsive Therapy
249 Home health	993 Transplant Evaluation	516 BH Intensive Outpatient Therapy
390 Hospice Services	724 Transportation	518 BH Mental Health /Chemical Dependency Observation
290 Hyperbaric Oxygen Therapy		519 BH Outpatient Therapy
410 Observation	<b>DME</b>	520 BH Professional Fees
211 OB Ultrasound	417 Rental <input type="text"/> (Purchase Price)	521 BH Psychological Testing
997 Office Visit/Consult	120 Purchase <input type="text"/> (Purchase Price)	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.**