



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

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 (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)

401 Cardiac Pulmonary Rehab	Occupational Therapy	Physical Therapy
DME	244 Outpatient Hospital	144 Outpatient Hospital
417 Rental	245 Other Site	145 Other Site
120 Purchase <input type="text"/> (Purchase Price)	497 Office Visit/Specialty Consult	Speech Therapy
299 Drug Testing	927 Outpatient Hospice	744 Outpatient Hospital
709 Genetic Testing	794 Outpatient Services	745 Other Site
249 Home Health	Drugs	724 Transportation
600 Home Infusion	422 Biopharmacy Buy & Bill Drugs	
410 Observation	Fax DRUG ORDERS to (1-866-374-1579)	
650 Radiation Therapy	For Cancer Treatments (Chemotherapy & Radiation), please contact New Century Health at my.newcenturyhealth.com	For High Tech Imaging, please continue to contact NIA

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.