

DOCUMENT TYPE: Outpatient Authorization Request Form

KEY FIELDS (As filled):

- **Member ID:** [Partially redacted/entered]
- **Requesting Provider NPI:** [Number for Trident Medical]
- **Servicing Provider:** Same as Requesting Provider
- **Primary Procedure Code:** 93799 (Unlisted cardiovascular service or procedure)
- **Service Date / Admission Date:** 02/05/25
- **Diagnosis Code:** I21.4 (Non-ST elevation myocardial infarction)

SERVICE TYPE REQUESTED:

- **410 - Observation**

SUMMARY:

This is an incomplete prior authorization request form for outpatient observation services related to the patient's NSTEMI (I21.4) admission on 02/05/25. The use of an unlisted procedure code (93799) suggests a complex or non-standard service was being requested. The form is not fully filled out or signed.