Received by Centene: 2025-04-25 11:03:33 CST

ambetter FROM absolute total care.

OUTPATIENT AUTHORIZATION FORM

Complete and **Fax** to: 1-844-560-0799
Transplant **Fax** to: 1-833-414-1667

Request for additional units. Existing Authorization [ ] Units [ ]

✓ **Standard requests** - Determination within 15 calendar 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 72 hours to avoid complications and unnecessary suffering or severe pain.*

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

*** INDICATES REQUIRED FIELD**

MEMBER INFORMATION

*Member ID	Last Name, First	*Date of Birth (MMDDYYYY)
U95413678001	DE LOS SANTOS MARIN, DANIEL	08011947

REQUESTING PROVIDER INFORMATION

*Requesting NPI	*Requesting TIN	Requesting Provider Contact Name
1366496937	621768106	Amanda R

Requesting Provider Name	Phone	*Fax
Trident Medical Center	8439705021	8438325118

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)
93798				05142025	I21.4

Additional Procedure Code (CPT/HCPCS)	(Modifier)	Additional Procedure Code (CPT/HCPCS)	(Modifier)	End Date OR Discharge Date (MMDDYYYY)	Total Units/Visits/Days
					36

***OUTPATIENT SERVICE TYPE** (Enter the Service type number in the boxes) 794 Cardiac Rehab

422 Biopharmacy
712 Cochlear Implants & Surgery
299 Drug Testing
922 Experimental and Investigational Services
205 Genetic Testing & Counseling
249 Home Health
390 Hospice Services
290 Hyperbaric Oxygen Therapy
395 Infertility Diagnosis or Treatment
410 Observation
997 Office Visit/Consult
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
650 Radiation Therapy
201 Sleep Study
993 Transplant Evaluation
209 Transplant Surgery
724 Transportation

Behavioral Health
533 BH Applied Behavioral Analysis
512 BH Community Based Services
514 BH Day Treatment
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy
510 BH Medical Management
518 BH Mental Health /Chemical Dependency Observation
519 BH Outpatient Therapy
530 BH PHP
520 BH Professional Fees
521 BHPsychological Testing
522 BH Psychiatric Evaluation

DME
417 Rental
120 Purchase (Purchase Price)

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.

Rev. 07 28 2022
ES-PAF-1418