

## **Authorization Request Form for Commercial Behavioral Health Outpatient Services**

Authorization requirements can be found at pal.sentarahealthplans.com.

Priority	Fax Number		
Nonurgent	757-431-7763 / 1-844-723-2096		

Note: Both local and toll-free fax numbers have been listed. Please do not fax to both fax numbers as this may delay processing your request.

## Check here if urgent

The National Committee for Quality Assurance (NCQA) defines an urgent request as a request for medical care or services where application of the time frame for making routine or non-life threatening care determinations:

- Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgement, or
- Could seriously jeopardize the life, health, or safety of the member or others, due to the member's psychological state, or
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

Please submit clinical documentation to support medical necessity to the appropriate fax number.										
Member Information										
Name:		DOB:	ID#:							
Diagnosis Code(s):										
Type of Service										
	Partial Hospitalization Program (PHP)		Intensive Outpatient Program (IOP)							
	Applied Behavioral Analysis (ABA)		Electroconvulsive Therapy (ECT)							
	Repetitive Transcranial Magnetic Stimulation (rTMS)		Psych Testing							
	Office Visit(s)		Other - Please specify:							

Outpatient Procedure Codes / Diagnostic Services										
	CPT/HCPC Units or Days Code(s)		Description					Date of Service		
				Com	pleted B	у				
Name:										
Phone:			E	Ext:		Fax:				
Requesting Provider  Provider requesting the procedure or service to be performed										
Name:		·		•	Group Na					
NPI:					Tax ID:					
Phone:					Fax:					
Treating Provider/Facility Facility or location where the procedure or service is being completed										
Name:				p.						
NPI:					Tax ID:					
Phone:					Fax:					
Place of Service:										