AmeriHealth Caritas Louisiana

Outpatient Review Status

Please type or print neatly. Incomplete and illegible forms will delay processing.

I. Member information

Member name:	Today's date (mm/dd/yy):
Member plan ID number:	Date of birth (mm/dd/yy):
Facility:	

II. Determination information (please refer to appropriate determination box below)

☐ **Authorization of services**

Authorization number:	HCPCS/CPT/service approved:	Units/visits approved:	Dates of service approved:

☐ **Denial of services** (in follow up of phone call or voicemail notification, date, and time):

Jiva ID (internal use only):	HCPCS/CPT/service denied:	Units/visits denied:	Dates of service denied:

Please note: If determination is a denial, a letter with additional denial information and appeals process will be mailed to your office within three calendar days. A peer-to-peer review can be requested by your physician on all medical necessity denials within three business days of the denial notification at **1-866-935-0251**.

☐ **Pended** (need additional information and clinicals)

Please fax additional information to 1-855-301-5356.

Thank you! If you have any questions, please call me:______________________________________Phone:_____________________

ACLA-18226083