

Outpatient Prior Authorization Request Form
Acentra Health QIO

Number	15. HCPCS/ CPT Code	16. Code Description	17. Modifiers (if applicable)	18. Units Requested (If Applicable)	19. Frequency	20. Dates of Service	
						From (mm/dd/yyyy)	Thru (mm/dd/yyyy)
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18.						/ /	/ /
21. Contact Name:							
22. Contact Telephone Number:							
23. Contact Fax Number:							

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SC QIO OP Fax Form
 Revised: 11/2024

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Additional Information

14. Severity of Illness (For Mental Health Counseling and Autism Spectrum Disorder please just submit SCDHHS required forms)

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