



OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Standard Requests: **Fax** 877-650-6943
Behavioral Health Requests: **Fax** 833-840-0479
Transplant Requests: **Fax** 833-589-1239
Buy & Bill Drugs: **Fax** 833-611-2385

Request for additional units. Existing Authorization Units

Standard requests - Determination within 3 calendar days and/or 2 business days of receiving all necessary information

Expedited requests - I certify that following the standard authorization decision time frame could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Medicaid/Member ID *

Last Name, First

Date of Birth *

(MMDDYYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI *

Requesting TIN *

Requesting Provider Contact Name

Requesting Provider Name

Phone

Fax *

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 *

Additional Procedure Code

Start Date OR Admission Date *

Diagnosis Code *

(CPT/HCPCS) (Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date *

Total Units/Visits/Days

(CPT/HCPCS) (Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

OUTPATIENT SERVICE TYPE*

(Enter the Service type number in the boxes)

Behavioral Health
510 BH Medical Management
512 BH Community Based Services
513 BH Crisis Psychotherapy
514 BH Day Treatment
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy
519 BH Outpatient Therapy
520 BH Professional Fees
521 BH Psychological Testing
522 BH Psychiatric Evaluation
530 BH Partial Hospitalization Program
533 BH Applied Behavioral Analysis

412	Auditory Services	290	Hyperbaric Oxygen Therapy
422	Biopharmacy	729	Neuropsych Testing
401	Cardiac/Pulmonary Rehab	410	Observation
712	Cochlear Implants & Surgery	790	Occupational Therapy
299	Drug Testing	210	Orthotics
205	Genetic Testing & Counseling	794	Outpatient Services
249	Home Health	171	Outpatient Surgery
390	Hospice Services	202	Pain Management
201	Sleep Study	650	Radiation Therapy
701	Speech Therapy	101	Physical Therapy
472	Stereotactic Radiosurgery	147	Prosthetics
181	Swing Bed	993	Transplant Evaluation
724	Transportation	209	Transplant Surgery

DME

417 Rental
120 Purchase
(Purchase Price)

Outpatient Services Example:
- Skin Debridement/Wound Care

Outpatient Surgery Examples:
- Hysterectomy
- Mammoplasty
- Rhino/Septoplasty

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.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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