

# OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Buy & Bill Requests **Fax** to: 1-833-541-2294  
Transplant Requests **Fax** to: 1-833-590-1584  
All Others **Fax** to: 1-844-307-0997  
Behavioral Health **Fax** to: 1-844-412-2269

☐ Request for additional units. Existing Authorization  Units

☐ **Standard requests** - Determination within 14 calendar days of receipt of request.

☐ **Expedited 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.

\* 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

(CPT/HCPCS)  (Modifier)

Additional Procedure Code

(CPT/HCPCS)  (Modifier)

\*Start Date OR Admission Date

(MMDDYYYY)

\*Diagnosis Code

(ICD-10)

Additional Procedure Code

(CPT/HCPCS)  (Modifier)

Additional Procedure Code

(CPT/HCPCS)  (Modifier)

End Date OR Discharge Date

(MMDDYYYY)

Total Units/Visits/Days

### \*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

412 Auditory Services  
712 Cochlear Implants & Surgery  
299 Drug Testing  
922 Experimental/Investigational Services  
205 Genetic Testing & Counseling  
249 Home Health  
390 Hospice Services  
290 Hyperbaric Oxygen Therapy  
112 Nutritional Supplements and/or Services  
997 Office Visit/Consult  
794 Outpatient Services  
171 Outpatient Surgery  
724 Transport  
202 Pain Management  
201 Sleep Study  
472 Stereotactic Radiosurgery  
212 Therapy Evaluation

101 Physical Therapy  
790 Occupational Therapy  
701 Speech Therapy  
993 Transplant Evaluation  
209 Transplant Surgery  
975 Telemedicine  
709 Genetic Testing- For Genetic Testing  
please include GTU:

### Drugs

422 Outpatient Drugs - Biopharmacy  
(Fax Buy & Bill Drug Requests to **1-833-541-2294**)

### DME

417 Rental   
120 Purchase (Purchase Price)

### Waiver Only Services

199 Adult Day Care  
682 Community Transition Waiver Services  
725 Emergency Response-Installation  
340 Emergency Response-Monthly Rental  
597 Employment Assistance/Support Services  
755 Habilitation  
657 Home Health Waiver  
225 Home Meals  
104 Home Modifications  
307 Member Training  
470 Personal Care Worker  
827 Pest Control  
421 Respite Services

### Behavioral Health

510 Medical Management  
530 Partial Hospital Program  
512 Community Based Services  
513 Crisis Psychotherapy  
514 Day Treatment  
515 Electroconvulsive Therapy  
516 Intensive Outpatient Therapy  
518 Mental Health/Chemical  
Dependency Observation  
519 BH Outpatient Therapy  
520 BH Professional Fees  
521 BH Psychological Testing  
522 BH Psychiatric Evaluation

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.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.