

OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard Request - Determination within 5 working days of receiving all necessary information, not to exceed 14 calendar days from receipt.

Urgent Request - 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** URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

MEMBER INFORMATION

*Member ID Last Name, First *Date of Birth (MMDDYYYY)

ORDERING PROVIDER INFORMATION

*Ordering NPI *Ordering TIN Ordering Provider Contact Name
 Ordering Provider Name Phone *Fax

SERVICING PROVIDER / FACILITY INFORMATION

Same as Ordering 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 box)

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

- 422 Biopharmacy
- 299 Drug Testing
- 709 Genetic Testing & Counseling
- 249 Home health
- 390 Hospice Services
- 141 Imaging
- 997 Office Visit/Consult
- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 470 Personal Care Worker Services
- 101 Physical Therapy
- 790 Occupational Therapy
- 701 Speech Therapy

- 107 Respite Care
- 201 Sleep Study
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

DME

- 417 Rental
- 120 Purchase (Purchase Price)

**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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