

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 <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	Additional Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	*Start Date OR Admission Date <input type="text"/> <small>(MMDDYYYY)</small>	*Diagnosis Code <input type="text"/> <small>(ICD-10)</small>
Additional Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	Additional Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	End Date OR Discharge Date <input type="text"/> <small>(MMDDYYYY)</small>	Total Units/Visits/Days <input type="text"/>

***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 <input type="text"/> 120 Purchase <input type="text"/> <small>(Purchase Price)</small>
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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.