mhs	health
wisc	onsin

OUTPATIENT MEDICAID

PRIOR AUTHORIZATION FORM

Request for additional units. Existin	ng Authorization		Units			
Standard Request - Determination wit	hin 5 working days of receiving al	ll necessary informa	tion, not to exceed 14 cale	endar days from recei	pt.	
Urgent Request - I certify this request complications and unnecessary suffer		ry to treat an injury, i	llness or condition (not lif	fe threatening) within	72 hours to avoid	
			URGENT REQUESTS MUST B REQUESTING PHYSICIAN TO			
* INDICATES REQUIRED FIELD			*Date of Birth			
MEMBER INFORMATION						
*Member ID	L	ast Name, First	(MMDDYYYY)			
ORDERING PROVIDER INFORMA	ΓΙΟΝ					
*Ordering NPI	*Ordering TIN		Ordering Provider Contact N	Name		
Ordering Provider Name	P	hone		*Fax		
SERVICING PROVIDER / FACILITY	(INFORMATION					
*Servicing NPI	*Servicing TIN		Servicing Provider Contact N	Jame		
Servicing Provider/Facility Name	Pho	one		Fax		
AUTHORIZATION REQUEST						
*Primary Procedure Code	Additional Procedure Code	*Start	Date OR Admission Date	*Diagnos	iis Code	
CPT/HCPCS) (Modifier)	CPT/HCPCS) (Modifie	er) (MMDDY				
Additional Procedure Code	Additional Procedure Code	End D	ate OR Discharge Date	Total Uni	ts/Visits/Days	
CPT/HCPCS) (Modifier)	CPT/HCPCS) (Modifie	er) (MMDDY	(YY)			
*OUTPATIENT SERVICE TYPE (Enter the Service type number in the box)						
	422 Biopharmacy	100 0		DME		
	299 Drug Testing 709 Genetic Testing & Coun	107 Resp seling 201 Slee		DME 417 Rental		
	249 Home health	0	isplant Evaluation	120 Purchase		
	390 Hospice Services		nsplant Surgery	(Purc	hase Price)	
	141 Imaging 997 Office Visit/Consult	724 Trai	nsportation			
	794 Outpatient Services					
	171 Outpatient Surgery					
	202 Pain Management 470 Personal Care Worker S	Services				
	101 Physical Therapy					
	790 Occupational Therapy					
	701 Speech Therapy					
	LL REQUIRED FIELDS MUST BE FIL	LED IN AS INCOMPLE	TE FORMS WILL BE REJEC	TED.		

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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