

OUTPATIENT MEDICAID AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard requests - Standard Request - Determination within 14 calendar days of receiving all necessary information

Urgent requests - Expedited 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

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
- 422 Biopharmacy
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental and Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home health
- 390 Hospice Services
- 290 Hyperbaric Oxygen Therapy
- 112 Nutritional Supplements and/or Services
- 410 Observation
- 997 Office Visit/Consult

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 650 Radiation Therapy
- 201 Sleep Study
- 472 Stereotactic Radiosurgery
- 790 Occupational Therapy
- 101 Physical Therapy
- 701 Speech Therapy
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

Behavioral Health

- 523 BH Transportation
 - 515 BH Electroconvulsive Therapy
 - 516 BH Intensive Outpatient Therapy
 - 521 BH Psychological Testing
 - 520 BH Professional Fees
 - 522 BH Psychiatric Evaluation
 - 519 BH Outpatient Therapy
- Select from the following for BH Outpatient Therapy:
- BH Residential Facility (BHRF)
 - Adult BH Therapeutic Home (ABHTH)
 - Therapeutic Foster Care (TFC)

DME

- 417 Rental
- 147 Prosthetics
- 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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