



# OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Buy & Bill Drug Requests: **Fax** 833-433-1078  
Standard/Urgent Requests: **Fax** 833-544-0590  
Behavioral Health Requests: **Fax** 833-544-1828  
Transplant Requests: **Fax** 833-544-1829

Request for additional units. Existing Authorization  Units

**Standard Requests** - Determination within 4 calendar days of receipt of request.

**Urgent Requests** - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 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)

- 401 Cardiac/Pulmonary Rehab
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 205 Genetic Testing & Counseling
- 249 Home health
- 390 Hospice Services
- 729 Neuropsychological Testing
- 997 Office Visit/Consult
- 794 Outpatient Services
- 171 Outpatient Surgery
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

### Behavioral Health

- 533 BH Applied Behavioral Analysis
- 510 BH Medical Management
- 530 BH PHP
- 512 BH Community Based Services
- BH IOP
- 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

### DME

- 417 Rental
  - 120 Purchase
- (Purchase Price)

### Drugs

- 422 Biopharmacy Buy & Bill Drugs
- (Fax Buy & Bill Drug Requests to 833-433-1078)

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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