

# OUTPATIENT MEDICAID AUTHORIZATION FORM

Complete and **Fax** to: 833-249-2342

☐ Request for additional units. Existing Authorization  Units

☐ **Standard Requests** - Determination within 2 business days of receipt of all information necessary to complete request..

☐ **Urgent Requests** -Determination within 1 business day of receipt of all information necessary to complete request.

\* 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)

199 Adult Day Care  
422 Biopharmacy  
712 Cochlear Implants & Surgery  
299 Drug Testing  
725 Emergency Response-Installation  
340 Emergency Response-Monthly Rental  
922 Experimental and Investigational Services  
205 Genetic Testing & Counseling  
660 Hearing Aide  
249 Home health  
225 Home Meals  
104 Home Modifications  
390 Hospice Services  
290 Hyperbaric Oxygen Therapy

141 Imaging  
307 Member Training  
112 Nutritional Supplements  
and/or Services  
997 Office Visit/Consult  
794 Outpatient Services  
171 Outpatient Surgery  
202 Pain Management  
470 Personal Care Worker Services  
827 Pest Control  
650 Radiation Therapy  
421 Respite Services  
201 Sleep Study  
472 Stereotactic Radiosurgery

212 Therapy Evaluation  
101 Physical Therapy  
790 Occupational Therapy  
701 Speech Therapy  
993 Transplant Evaluation  
209 Transplant Surgery  
724 Transportation

### DME

417 Rental   
120 Purchase

(Purchase Price)

### Behavioral Health

533 BH Applied Behavioral Analysis  
510 BH Medical Management  
530 BH PHP  
512 BH Community Based Services  
514 BH Day Treatment  
515 BH Electroconvulsive Therapy  
516 BH Intensive Outpatient Therapy  
518 BH Mental Health /Chemical Dependency Observation  
519 BH Outpatient Therapy  
520 BH Professional Fees  
521 BH Psychological Testing

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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