arkansas total care.

OUTPATIENT MEDICAID AUTHORIZATION FORM

☐ Request for additional units.   Existing Authorization [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   Units [ ][ ][ ][ ]

☐ **Standard requests -** Determination within 5 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 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		Additional Procedure Code		*Start Date OR Admission Date	*Diagnosis Code
(CPT/HCPCS)	(Modifier)	(CPT/HCPCS)	(Modifier)	(MMDDYYYY)	(ICD-10)
Additional Procedure Code		Additional Procedure Code		End Date OR Discharge Date	Total Units/Visits/Days
(CPT/HCPCS)	(Modifier)	(CPT/HCPCS)	(Modifier)	(MMDDYYYY)	

*OUTPATIENT SERVICE TYPE   (Enter the Service type number in the boxes) [ ][ ][ ]

		Behavioral Health	**DME**
422 Biopharmacy	790 Occupational Therapy	533 BH Applied Behavioral Analysis	417 Rental
712 Cochlear Implants & Surgery	794 Outpatient Services	512 BH Community Based Services	120 Purchase [ ][ ][ ] (Purchase Price)
299 Drug Testing	171 Outpatient Surgery	514 BH Day Treatment	
922 Experimental and Investigational Services	202 Pain Management	515 BH Electroconvulsive Therapy	
205 Genetic Testing & Counseling	101 Physical Therapy	516 BH Intensive Outpatient Therapy	
249 Home Health	201 Sleep Study	510 BH Medical Management	
390 Hospice Services	701 Speech Therapy	518 BH Mental Health /Chemical Dependency Observation	
290 Hyperbaric Oxygen Therapy	472 Stereotactic Radiosurgery	519 BH Outpatient Therapy	
141 Imaging	993 Transplant Evaluation	530 BH PHP	
112 Nutritional Supplements and/or Services	209 Transplant Surgery	520 BH Professional Fees	
	724 Transportation	521 BH Psychological Testing	
	650 Radiation Therapy		

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.

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