

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 <input type="text"/> (Purchase Price)
712 Cochlear Implants & Surgery	794 Outpatient Services	512 BH Community Based Services	120 Purchase <input type="text"/> (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.

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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