

# OUTPATIENT MEDICAID AUTHORIZATION FORM

Complete and **Fax:** 1-844-774-2363  
 Transplant Requests **Fax:** 1-833-783-0878  
 Behavioral Health Requests **Fax:** 866-593-1955  
 Buy & Bill Drug Requests **Fax:** 833-782-0057

Request for additional units. Existing Authorization  Units

**Standard requests** - Determination made as expeditiously as the member's health condition requires, but no later than 7 calendar days after receipt of request.

**Urgent requests** - Determination made as expeditiously as the member's health condition requires, but no later than 3 business days after receipt of request.

\* INDICATES REQUIRED FIELD

## MEMBER INFORMATION

Medicaid/Member ID\*  Last Name, First  Date of Birth\*   
(MMDYYYY)

## 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) (MMDYYYY) (ICD-10)

Additional Procedure Code  Additional Procedure Code  End Date OR Discharge Date  Total Units/Visits/Days   
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDYYYY)

### OUTPATIENT SERVICE TYPE\* (Enter the Service type number in the boxes)

#### Behavioral Health

- 510 BH Medical Management
- 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
- 530 BH Partial Hospitalization Program
- 532 BH Crisis Stabilization
- 533 BH Applied Behavioral Analysis
- 535 BH Residential Treatment- Substance Use
- 536 BH Residential Treatment- Mental Health

- 412 Auditory Services
- 712 Cochlear Implants & Surgery
- 422 Biopharmacy
- 299 Drug Testing
- 202 Pain Management
- 410 Observation
- 249 Home Health
- 390 Hospice Services
- 205 Genetic Testing & Counseling
- 290 Hyperbaric Oxygen Therapy

- 201 Sleep Study
- 997 Office Visit/Consult
- 794 Outpatient Services
- 171 Outpatient Surgery
- 209 Transplant Surgery
- 993 Transplant Evaluation
- 472 Stereotactic Radiosurgery
- 395 Infertility Diagnosis or Treatment
- 922 Experimental & Investigational Services

#### Therapy

- 101 Physical Therapy
- 701 Speech Therapy
- 790 Occupational Therapy

#### DME

- 417 Rental
  - 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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