home state health

# OUTPATIENT MEDICAID AUTHORIZATION FORM

Complete and **Fax** to: 1-855-286-1811
Behavioral Health Requests: **FAX** 833-405-3827

☐ Request for additional units. Existing Authorization _____ Units _____

☐ **Standard requests -** Determination within 36 hours or up to 14 days if necessary to receive all pertinent clinical information

☐ **Urgent requests -** Please Call 1-855-694-4663. *Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeop-

**ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION OR DENIAL.**

***INDICATES REQUIRED FIELD**

## MEMBER INFORMATION

*Date of Birth (MMDDYYYY)

*Medicaid/Member ID

Last Name, First

## 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) _____

412 Auditory Services
712 Cochlear Implants & Surgery
299 Drug Testing
922 Experimental and Investigational Services
709 Genetic Testing
249 Home Health
225 Home Meals
390 Hospice Services
410 Observation
790 Occupational Therapy
997 Office Visit/Consult
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
101 Physical Therapy
201 Sleep Study
701 Speech Therapy
724 Transportation
417 DME - Rental
120 DME - Purchase _____ (Purchase Price)

**Behavioral Health**
510 BH Medical Management
513 BH Crisis Psychotherapy
514 BH Day Treatment
515 BH Electroconvulsive Therapy
516 BH Intenstive Outpatient Therapy
518 BH Mental Health/Chemical Dependency Observation
519 BH Outpatient Therapy
520 BH Professional Fees
521 BH Psychological Testing
522 BH Psychiatric Evaluation
530 BH Partial Hospitilization Program
533 BH Applied Behavioral Analysis
536 BH Residential Treatment- Mental Health

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