



OUTPATIENT MEDICAID AUTHORIZATION FORM

Complete and **Fax** to: 1-855-286-1811

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 1-855-286-1811. *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 jeopardy.

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

*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)

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

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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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