

# OUTPATIENT MEDICAID AUTHORIZATION FORM

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 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  (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	997 Office Visit/Consult	<b>Behavioral Health</b>	
712 Cochlear Implants & Surgery	794 Outpatient Services		510 BH Medical Management
299 Drug Testing	171 Outpatient Surgery		512 BH Community Based Services
922 Experimental and Investigational Services	202 Pain Management		513 BH Crisis Psychotherapy
709 Genetic Testing	101 Physical Therapy		514 BH Day Treatment
249 Home Health	201 Sleep Study		515 BH Electroconvulsive Therapy
225 Home Meals	701 Speech Therapy		516 BH Intensive Outpatient Therapy
390 Hospice Services	724 Transportation		519 BH Outpatient Therapy
410 Observation	417 DME - Rental		520 BH Professional Fees
790 Occupational Therapy	120 DME - Purchase <input type="text"/> (Purchase Price)		521 BH Psychological Testing
			522 BH Psychiatric Evaluation
			530 BH Partial Hospitalization Program

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