

# 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.

☒ Urgent requests must be signed by the requesting physician to receive priority

\* 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 <input type="text"/> (CPT/HCPCS)	Additional Procedure Code <input type="text"/> (CPT/HCPCS)	*Start Date OR Admission Date <input type="text"/> (MMDDYYYY)	*Diagnosis Code <input type="text"/> (ICD-10)
Additional Procedure Code <input type="text"/> (CPT/HCPCS)	Additional Procedure Code <input type="text"/> (CPT/HCPCS)	End Date OR Discharge Date <input type="text"/> (MMDDYYYY)	Total Units/Visits/Days <input type="text"/>

### \*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 Intensive 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 Hospitalization Program  
533 BH Applied Behavioral Analysis  
536 BH Residential Treatment- Mental Health

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 OR DENIAL.

**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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