

OUTPATIENT MEDICAID AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard requests - Determination within 4 calendar days from receipt of all necessary information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 hours (2 calendar days) to avoid complications and unnecessary suffering or severe pain.

* INDICATES REQUIRED FIELD

*Date of Birth

MEMBER INFORMATION

*Medicaid/Member ID Last Name, First (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	790 Occupational Therapy	417 DME - Rental	
422 Biopharmacy	997 Office Visit/Consult	120 DME - Purchase	(Purchase Price)
292 Cardiac Rehab	794 Outpatient Services		
712 Cochlear Implants & Surgery	171 Outpatient Surgery		
299 Drug Testing	202 Pain Management		
709 Genetic Testing	101 Physical Therapy		
249 Home Health	420 Pulmonary Rehab		
390 Hospice Services	201 Sleep Study		
410 Observation	701 Speech Therapy		
	724 Transportation		

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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