



OUTPATIENT MEDICAID PRIOR AUTHORIZATION FAX FORM

Complete and Fax to: 1-833-257-8327

Request for additional units. Existing Authorization Units

Standard requests - Determination within 14 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 that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function, within 72 hours.

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

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)

- 422 Biopharmacy
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental and Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home Health
- 390 Hospice Services
- 290 Hyperbaric Oxygen Therapy
- 395 Infertility Diagnosis or Treatment
- 410 Observation
- 997 Office Visit/Consult

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 201 Sleep Study
- 472 Stereotactic Radiosurgery
- 790 Occupational Therapy
- 101 Physical Therapy
- 701 Speech Therapy
- 209 Transplant Surgery
- 993 Transplant Evaluation
- 724 Transportation

Behavioral Health

- 161 BH ABA Services
- 510 BH Medical Management
- 530 BH PHP
- 512 BH Community Based Services
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 518 BH Mental Health/Chemical Dependency Observation
- 519 BH Outpatient Therapy
- 521 BH Psychological Testing
- 522 BH Psychiatric Evaluation

DME

- 417 Rental
- 120 Purchase (Purchase Price)

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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