

OUTPATIENT MEDICAID AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard requests - Determination made as expeditiously as the member's health condition requires, but no later than 14 calendar days after receipt of request.

Urgent requests - Determination made as expeditiously as the member's health condition requires, but no later than 3 business days after receipt of request.

* 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
712 Cochlear Implants & Surgery
448 Cochlear Implants & Surgery (non par)
422 Biopharmacy
447 Biopharmacy (non par)
299 Drug Testing
202 Pain Management
403 Pain Management (non par)
410 Observation
443 Observation (non par)

249 Home Health
390 Hospice Services
922 Experimental & Investigational Services
709 Genetic Testing
457 Genetic Testing (non par)
290 Hyperbaric Oxygen Therapy
458 Hyperbaric Oxygen Therapy (non par)
472 Stereotactic Radiosurgery
395 Infertility Diagnosis or Treatment
459 Infertility Diagnosis or Treatment (non par)
295 Dental Anesthesia

201 Sleep Study
446 Sleep Study (non par)
997 Office Visit/Consult (non par only)
794 Outpatient Services
445 Outpatient Services (non par)
171 Outpatient Surgery
406 Outpatient Surgery (non par)
750 Fixed Wing Air Transport
792 Vendor

Therapy
101 Physical Therapy
701 Speech Therapy
790 Occupational Therapy

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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