

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* (CPT/HCPCS) Modifier
 Additional Procedure Code (CPT/HCPCS) Modifier
 Start Date OR Admission Date* (MMDDYYYY)
 End Date OR Discharge Date (MMDDYYYY)
 Diagnosis Code* (ICD-10)
 Total Units/Visits/Days

OUTPATIENT SERVICE TYPE* (Enter the Service type number in the boxes)

Behavioral Health

- 510 BH Medical Management
- 512 BH Community Based Services
- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 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

- 412 Auditory Services
- 712 Cochlear Implants & Surgery
- 422 Biopharmacy
- 299 Drug Testing
- 202 Pain Management
- 410 Observation
- 249 Home Health
- 390 Hospice Services
- 205 Genetic Testing & Counseling
- 290 Hyperbaric Oxygen Therapy

- 201 Sleep Study
- 997 Office Visit/Consult
- 794 Outpatient Services
- 171 Outpatient Surgery
- 209 Transplant Surgery
- 993 Transplant Evaluation
- 472 Stereotactic Radiosurgery
- 395 Infertility Diagnosis or Treatment
- 922 Experimental & Investigational Services

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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