

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

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

- 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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