

OUTPATIENT MEDICAID PRIOR AUTHORIZATION FAX FORM

Transplant 1-833-974-3117
 Complete and Fax to:
 SN/Rehab/LTAC (all requests)
 1-866-529-0291
 Home Health Care
 and Hospice (all requests)
 1-855-339-5145
 DME All DME/Sleep Study/Quantitative
 Drug Tests/Genetic Testing Requests-
 1-866-535-4083
 PA requests (all other PA requests)
 1-866-529-0290

Request for additional units. Existing Authorization Units

Standard Request

Urgent Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

URGENT REQUESTS MUST BE SIGNED BY THE
REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

***INDICATES REQUIRED FIELD**

MEMBER INFORMATION

Member ID/Medicaid 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)

- 299 Drug Testing
- 422 Biopharmacy
- 205 Genetic Testing & Counseling
- 249 Home Health
- 390 Hospice Services
- 141 Imaging
- 410 Observation
- 997 Office Visit/Consult
- 794 Outpatient Services
- 202 Pain Management

- 201 Sleep Study
- 790 Occupational Therapy
- 209 Transplant Surgery
- 993 Transplant Evaluation
- 724 Transportation

DME

- 417 Rental
- 120 Purchase (Purchase Price)

Behavioral Health

- 510 Medical Management
- 530 Partial Hospital Program
- 512 Community Based Services
- 513 Crisis Psychotherapy
- 514 Day Treatment
- 515 Electroconvulsive Therapy
- 516 Intensive Outpatient Therapy
- 518 Mental Health/Chemical Dependency Observation

Behavioral Health

- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 521 BH Psychological Testing
- 522 BH Psychiatric Evaluation

For High Tech Imaging, please continue to contact NIA

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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