

# OUTPATIENT MEDICAID PRIOR AUTHORIZATION FAX FORM

Complete and Fax to:  
888-453-4316  
Fax Behavioral Health to:  
844-824-7705

Request for additional units. Existing Authorization  Units

Standard Request - Determination within 14 calendar days of receiving all necessary information

Urgent Request - I certify this request is urgent 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

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 \*

Additional Diagnosis Code  (ICD-10)

### OUTPATIENT SERVICE TYPE \*

- 760 Air Ambulance
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental & Investigational Services
- 709 Genetic Testing
- 249 Home Health
- 927 Hospice Outpatient
- 410 Observation
- 497 Office Visit/Specialty Consult
- 171 Outpatient Surgery

(Enter the Service type number in the boxes)

- 794 Outpatient Services
- 202 Pain Management

### DME

- 417 Rental  \$
- 120 Purchase Purchase/Orthotics/Prosthetics Price
- 700 Orthotics & Prosthetics

**If you are requesting Biopharmacy, please use the Biopharmacy Prior Authorization Form on the website.**  
**For high tech imaging, please continue to contact NIA.**

### BEHAVIORAL HEALTH

- 512 BH community Based Services
- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 510 BH Medical Management
- 517 BH Medication Check
- 518 BH Mental Health/Chemical Dependency Observation
- 519 BH Outpatient Therapy
- 511 BH Partial Hospital Program
- 520 BH Professional Fees
- 522 BH Psychiatric Evaluation
- 521 BH Psychological Testing

**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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