

# OUTPATIENT MEDICAID AUTHORIZATION FORM

Buy & Bill Drug Requests Fax to: 1-833-823-0001  
 Complete and Fax to: 1-866-796-0526  
 Transplant Request Fax to: 1-833-550-1338  
 DME/HH Fax to: (Medicaid) 1-866-534-5978  
 (LTC) 1-855-266-5275

Request for additional units. Existing Authorization  Units

**Standard requests** - Determination within 7 calendar days of receipt of request.

**Urgent requests** - Please call 1-844-477-8313. \*Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

\* 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)

292 Cardiac Rehab  
 299 Drug Testing  
 205 Genetic Testing & Counseling  
 249 Home Health  
 225 Home Meals  
 390 Hospice Services  
 112 Nutritional Supplements  
 410 Observation

997 Office Visit/Consult  
 794 Outpatient Services  
 171 Outpatient Surgery  
 202 Pain Management  
 427 Rehab (PT, OT, ST)  
 201 Sleep Study  
 993 Transplant Evaluation  
 209 Transplant Surgery  
 724 Transportation

#### Behavioral Health

512 BH Community Based Services  
 515 BH Electroconvulsive Therapy  
 516 BH Intensive Outpatient Therapy  
 510 BH Medical Management  
 518 BH Mental Health /Chemical Dependency Observation  
 519 BH Outpatient Therapy  
 530 BH PHP  
 520 BH Professional Fees  
 522 BH Psychiatric Evaluation

#### DME

417 DME - Rental  
 120 DME - Purchase

(Purchase Price)

#### Drugs

422 Biopharmacy Buy & Bill Drugs  
 (Fax Buy & Bill Drug Requests to **1-833-823-0001**)

**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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