



OUTPATIENT MEDICAID Prior Authorization Fax Form

Complete and Fax to:
1-866-796-0526

This is a standard authorization request that may take up to 7 calendar days to process. **If this is an expedited request, please contact us at 1-866-796-0530.**
If this is a Medicare request, please fax to 877-617-0394.

Request for additional units. Existing Authorization Units

* 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)	<input type="text"/>
760 Air Ambulance	922 Experimental and Investigational Services	101 Physical Therapy (non-office or facility)
712 Cochlear Implants & Surgery	709 Genetic Testing	914 Respiratory Therapy (non-office or facility)
Dental Anesthesia	249 Home Health	275 Sleep Study in Home
911 Office Visit	600 Home Infusion	701 Speech Therapy (non-office or facility)
721 Other Site	927 Hospice	499 Transplants (evals and consults) Office Visit
DME (Orthotics and Prosthetics)	640 Injectable drugs and drugs given in providers office	109 Transplants (evals and consults) Other Visit
711 Rental	140 Observation	620 Vaccines Adult Pneumonia
700 Purchase	790 Occupational Therapy (non-office or facility)	630 Vaccines Shingles
299 Drug Testing	Pain Management	
	429 Office Visit	
	170 Other Site	

Please contact NIA for radiology services, HNI for office therapies for members up to the age of 21, and Cenpatico for behavioral health and substance abuse services and contact Logisticare to arrange non-emergency ambulance transportation.

**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.**