



# OUTPATIENT MEDICAID AUTHORIZATION FORM

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

XX

Last Name, First

XX

\*Date of Birth

XXXXXXXXXXXX  
(MMDDYY)

## REQUESTING PROVIDER INFORMATION

\*Requesting NPI

XX

\*Requesting TIN

XX

Requesting Provider Contact Name

XX

Requesting Provider Name

XX

Phone

XX

\*Fax

XX

## SERVICING PROVIDER / FACILITY INFORMATION

↳ Same as Requesting Provider

\*Servicing NPI

1 1 3 4 2 6 0 0 7 8

\*Servicing TIN

4 3 1 7 1 9 7 6 2

Servicing Provider Contact Name

XX

Servicing Provider/Facility Name

XX

Phone

8 8 8 5 6 1 8 7 4 7

Fax

6 3 6 5 6 1 2 9 6 2

## AUTHORIZATION REQUEST

\*Primary Procedure Code

XXXXXX  
(CPT/HCPCS) (Modifier)

Additional Procedure Code

XXXXXX  
(CPT/HCPCS) (Modifier)

\*Start Date OR Admission Date

XXXXXXXXXXXX  
(MMDDYY)

Additional Procedure Code

XXXXXX  
(CPT/HCPCS) (Modifier)

End Date OR Discharge Date

XXXXXXXXXXXX  
(MMDDYY)

\*Diagnosis Code

XXXXXXXXXX  
(ICD-10)

Total Units/Visits/Days

XXXXXX  
XXXXXX  
XXXXXX

## \*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

4 2 7

- 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

XXXXXX  
(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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