



OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Buy & Bill Drug Requests: **Fax** 833-433-1078
Standard/Urgent Requests: **Fax** 833-544-0590
Behavioral Health Requests: **Fax** 833-544-1828
Transplant Requests: **Fax** 833-544-1829

☐ Request for additional units. Existing Authorization Units

☐ **Standard Requests** - Determination within 4 calendar days of receipt of request.

☒ **Urgent Requests** - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 hours to avoid complications and unnecessary suffering or severe pain.

* INDICATES REQUIRED FIELD *

*Date of Birth

MEMBER INFORMATION

*Medicaid/Member ID

0 9 6 3 2 5 2 7 9

Last Name, First

B E N N E T T J U D Y

(MMDDYYYY)

REQUESTING PROVIDER INFORMATION

*Requesting NPI

1 4 9 7 7 9 4 5 6 4

*Requesting TIN

3 6 4 1 4 7 9 4 6

Requesting Provider Contact Name

A L L A N

Requesting Provider Name

A D V A N C E D M E D I C A L

Phone

7 7 3 2 0 5 6 9 9 3

*Fax

7 7 3 2 0 5 6 9 9 4

SERVICING PROVIDER / FACILITY INFORMATION

☒ Same as Requesting Provider

*Servicing NPI

1 4 9 7 7 9 4 5 6 4

*Servicing TIN

3 6 4 1 4 7 9 4 6

Servicing Provider Contact Name

A L L A N

Servicing Provider/Facility Name

A D V A N C E D M E D I C A L

Phone

7 7 3 2 0 5 6 9 9 3

Fax

7 7 3 2 0 5 6 9 9 4

AUTHORIZATION REQUEST

*Primary Procedure Code

K 0 0 0 3 R R

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

*Start Date OR Admission Date

1 1 0 6 2 0 2 5

(MMDDYYYY)

*Diagnosis Code

N 6 2 8 1

(ICD-10)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

End Date OR Discharge Date

(MMDDYYYY)

Total Units/Visits/Days

1 0 MONTHS

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

4 1 7

- 401 Cardiac/Pulmonary Rehab
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 205 Genetic Testing & Counseling
- 249 Home health
- 390 Hospice Services
- 729 Neuropsychological Testing
- 997 Office Visit/Consult
- 794 Outpatient Services
- 171 Outpatient Surgery
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

Behavioral Health

- 533 BH Applied Behavioral Analysis
- 510 BH Medical Management
- 530 BH PHP
- 512 BH Community Based Services
- ☒ BH IOP
- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 519 BH Outpatient Therapy
- 520 BH Professional Fees
- 521 BH Psychological Testing
- 522 BH Psychiatric Evaluation

DME

- 417 Rental
- 120 Purchase

(Purchase Price)

Drugs

- 422 Biopharmacy Buy & Bill Drugs

(Fax Buy & Bill Drug Requests to 833-433-1078)

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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