meridianhealth

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

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

*Date of Birth: 0 8 2 3 1 9 7 2 (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

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 (CPT/HCPCS) R R (Modifier)

Additional Procedure Code: ☐☐☐☐☐ (CPT/HCPCS) ☐☐ (Modifier)

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*Start Date OR Admission Date: 1 1 0 6 2 0 2 5 (MMDDYYYY)

End Date OR Discharge Date: ☐☐☐☐☐☐☐☐ (MMDDYYYY)

*Diagnosis Code: N 6 2 8 1 ☐☐ (ICD-10) C85.90

Total Units/Visits/Days: 1 0 months - rent

*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.