



# MEDICAID PRIOR AUTHORIZATION FORM

Complete and **Fax** to: 800-690-7030  
Behavioral Health Requests/Medical Records:  
**Fax** 866-570-7517  
Transplant: **Fax** 833-589-1245

Request for additional units. Existing Authorization  Units

**Urgent requests** - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 3 calendar days to avoid complications and unnecessary suffering or severe pain.

**\* INDICATES REQUIRED FIELD**  Urgent requests must be signed by the requesting physician to receive priority.

## 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  (MMDDYYYY)  
\*Diagnosis Code  (ICD-10)  
Additional Procedure Code  (CPT/HCPCS) (Modifier)   
Additional Procedure Code  (CPT/HCPCS) (Modifier)   
\*End Date  (MMDDYYYY)  
\*Total Units/Visits/Days

**\*OUTPATIENT SERVICE TYPE**  Check Box for Inpatient Elective Service \* (Enter the Service type number in the boxes)

422 Biopharmacy	101 Physical Therapy	510 BH Medical Management	<b>DME</b>
401 Cardiac/Pulmonary Rehab	971 Physical Therapy Evaluation	530 BH PHP	417 Rental <input type="text"/>
299 Drug Testing	790 Occupational Therapy	512 BH Community Based Services	120 Purchase <input type="text"/>
205 Genetic Testing & Counseling	279 Occupational Therapy Evaluation	513 BH Crisis Psychotherapy	(Purchase Price)
249 Home Health	701 Speech Therapy	515 BH Electroconvulsive Therapy	
390 Hospice Services	127 Speech Therapy Evaluation	516 BH Intensive Outpatient Therapy	
997 Office Visit/Consult	993 Transplant Evaluation	517 BH Medication Check	
794 Outpatient Services	209 Transplant Surgery	518 BH Mental Health/Chemical Dependency Observation	
	724 Transportation	519 BH Outpatient Therapy	
		520 BH Professional Fees	
		522 BH Psychiatric Evaluation	
		521 BH Psychological Testing	

**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.**