



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:

☐ **Non-Urgent Request**

☐ **Urgent Request** - For life-threatening condition, hospitalized member, treatment after stabilizing an emergency condition. Reason for urgency must be indicated to process as urgent.

Required Field for URGENT REQUEST: Reason for urgency must be indicated to process as urgent

* INDICATES REQUIRED FIELD

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

*(Enter the Service type number in the boxes)

☐ Check Box for Inpatient Elective Service

422 Biopharmacy

401 Cardiac/Pulmonary Rehab

299 Drug Testing

205 Genetic Testing & Counseling

249 Home Health

390 Hospice Services

997 Office Visit/Consult

794 Outpatient Services

101 Physical Therapy

971 Physical Therapy Evaluation

790 Occupational Therapy

279 Occupational Therapy Evaluation

701 Speech Therapy

127 Speech Therapy Evaluation

993 Transplant Evaluation

209 Transplant Surgery

724 Transportation

BEHAVIORAL HEALTH

510 BH Medical Management

530 BH PHP

512 BH Community Based Services

513 BH Crisis Psychotherapy

515 BH Electroconvulsive Therapy

516 BH Intensive Outpatient Therapy

517 BH Medication Check

518 BH Mental Health/Chemical Dependency Observation

519 BH Outpatient Therapy

520 BH Professional Fees

522 BH Psychiatric Evaluation

521 BH Psychological Testing

DME

417 Rental

120 Purchase

(Purchase Price)

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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