



MEDICAID PRIOR AUTHORIZATION FORM

Complete and **Fax** to: 800-690-7030
Behavioral Health Requests/Medical Records:
Fax 855-772-7079

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.

Urgent requests must be signed by the requesting physician to receive priority.

* INDICATES REQUIRED FIELD

*Date of Birth

MEMBER INFORMATION

*Medicaid/Member ID

Last Name, First

(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

Additional Procedure Code

*Start Date

*Diagnosis Code

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

End Date

Total Units/Visits/Days

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

Check Box for Inpatient Elective Service

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)

- 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
- 790 Occupational Therapy
- 701 Speech Therapy
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

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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