



Outpatient Medicaid Authorization Form

Complete and Fax Medical requests to: 833-249-2342
Complete and Fax Behavioral requests to: 833-632-6934
Complete and Fax Pharmacy requests to: 833-893-1491

Request for additional units Existing Authorization Units

Standard requests — Determination within 5 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 72 hours to avoid complications and unnecessary suffering or severe pain.

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

*Outpatient Service Type

(Enter the Service type number in the boxes)

- | | | | |
|---|---|-------------------------------------|---|
| 422 Biopharmacy | 112 Nutritional Supplements and/or Services | 209 Transplant Surgery | 518 BH Mental Health /Chemical Dependency Observation |
| 712 Cochlear Implants & Surgery | 790 Occupational Therapy | 724 Transportation | 519 BH Outpatient Therapy |
| 299 Drug Testing | 794 Outpatient Services | 650 Radiation Therapy | 530 BH PHP |
| 922 Experimental and Investigational Services | 171 Outpatient Surgery | Behavioral Health | 520 BH Professional Fees |
| 205 Genetic Testing & Counseling | 202 Pain Management | 533 BH Applied Behavioral Analysis | 521 BH Psychological Testing |
| 249 Home Health | 101 Physical Therapy | 512 BH Community Based Services | DME |
| 390 Hospice Services | 201 Sleep Study | 514 BH Day Treatment | 417 Rental <input type="text"/> |
| 290 Hyperbaric Oxygen Therapy | 701 Speech Therapy | 515 BH Electroconvulsive Therapy | 120 Purchase <input type="text"/> |
| 141 Imaging | 472 Stereotactic Radiosurgery | 516 BH Intensive Outpatient Therapy | (Purchase Price) |
| | 993 Transplant Evaluation | 510 BH Medical Management | |

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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