

OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Request for additional units. Existing Authorization Units

Standard Request - Determination within 14 calendar days of receiving all necessary information

Urgent Request - Determination within 72 hours of receiving the request. 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.

PHYSICIAN MUST SIGN FOR URGENT PRIORITY REVIEW. IF WE DO NOT HAVE THE PHYSICIAN'S SIGNATURE, IT WILL BE PROCESSED AS A STANDARD REQUEST.

*** INDICATES REQUIRED FIELD**

MEMBER INFORMATION

Member ID/Medicaid 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 * <input type="text"/> (CPT/HCPCS) (Modifier)	Additional Procedure Code <input type="text"/> (CPT/HCPCS) (Modifier)	Start Date OR Admission Date * <input type="text"/> (MMDDYYYY)	Diagnosis Code * <input type="text"/> (ICD-10)
Additional Procedure Code <input type="text"/> (CPT/HCPCS) (Modifier)	Additional Procedure Code <input type="text"/> (CPT/HCPCS) (Modifier)	End Date OR Discharge Date <input type="text"/> (MMDDYYYY)	Total Units/Visits/Days <input type="text"/>

OUTPATIENT SERVICE TYPE *

(Enter the Service type number in the boxes)

- 410 Observation - Non PAR or PAR > 48 hours
- 412 Auditory
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental and Investigational Services
- 709 Genetic Testing
- 249 Home Health
- 395 Infertility Diagnosis or Treatment
- 997 Office Visit/Consult
- 794 Outpatient Services
- 171 Outpatient Surgery

- 202 Pain Management
- 650 Radiation Therapy
- 201 Sleep Study
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation
- 417 DME - Rental
- 120 DME - Purchase

(Purchase or Monthly Rental Price)

Behavioral Health

- 510 BH Medical Management
- 512 BH Community Based Services
- 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
- 530 BH Partial Hospitalization Program
- 533 BH Applied Behavioral Analysis

**** If you are requesting Biopharmacy (medications) please use the Prior Authorization Form on the ATC website****

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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