



OUTPATIENT MEDICAID AUTHORIZATION FORM

Buy & Bill Drug Requests **Fax** to: 833-823-0001
Complete and **Fax** to: 866-796-0526
Transplant Request **Fax** to: 833-550-1338
DME/HH **Fax** to: (Medicaid) 866-534-5978
(LTC) 855-266-5275

☐ Request for additional units. Existing Authorization Units

☐ **Standard requests** - Determination within 7 calendar days of receipt of request.

☐ **Urgent requests** - Please call 1-844-477-8313. *Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

* 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)

292 Cardiac Rehab
299 Drug Testing
205 Genetic Testing & Counseling
249 Home Health
225 Home Meals
390 Hospice Services
112 Nutritional Supplements
410 Observation

997 Office Visit/Consult
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
427 Rehab (**PT, OT, ST**)
201 Sleep Study
993 Transplant Evaluation
209 Transplant Surgery
724 Transportation

Behavioral Health

512 BH Community Based Services
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy
510 BH Medical Management
518 BH Mental Health /Chemical Dependency Observation
519 BH Outpatient Therapy
530 BH PHP
520 BH Professional Fees
522 BH Psychiatric Evaluation

DME

417 DME - Rental
120 DME - Purchase

(Purchase Price)

Drugs

422 Biopharmacy Buy & Bill Drugs
(Fax Buy & Bill Drug Requests to **1-833-823-0001**)

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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