# OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Buy & Bill Drug Requests: **Fax** 833-341-2049
Standard/Urgent Requests: **Fax** 833-467-1237
Behavioral Health Requests: **Fax** 833-655-2191
Transplant Requests: **Fax** 833-920-4419

☐ Request for additional units. Existing Authorization _____ Units _____

☐ **Standard Requests -** Determination within 7 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

*Date of Birth (MMDDYYYY)

*Medicaid/Member ID

Last Name, First

## 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) _____

412 Auditory
712 Cochlear Implants & Surgery
922 Experimental and Investigational Services
205 Genetic Testing & Counseling
249 Home health
390 Hospice Services
290 Hyperbaric Oxygen Therapy
141 Imaging (NIA, if not managed by Meridian)
395 Infertility Diagnosis or Treatment
997 Office Visit/Consult
794 Outpatient Services (including Speech Therapy)
171 Outpatient Surgery
993 Transplant Evaluation
209 Transplant Surgery
724 Transportation

**Drugs**
422 Biopharmacy Buy & Bill Drugs
(Fax Buy & Bill Drug Requests to 833-341-2049)

**Behavioral Health**
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.**



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