



MEDICAID PRIOR AUTHORIZATION FORM

Complete and **Fax** to: 800-690-7030
Behavioral Health Requests/Medical Records:
Fax 866-570-7517
Transplant: **Fax** 833-589-1245

☐ 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

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

(MMDDYYYY)

*Diagnosis Code

(ICD-10)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

*End Date

(MMDDYYYY)

*Total Units/Visits/Days

*OUTPATIENT SERVICE TYPE

*(Enter the Service type number in the boxes)

☐ Check Box for Inpatient Elective Service

- | | |
|----------------------------------|-------------------------------------|
| 422 Biopharmacy | 101 Physical Therapy |
| 401 Cardiac/Pulmonary Rehab | 971 Physical Therapy Evaluation |
| 299 Drug Testing | 790 Occupational Therapy |
| 205 Genetic Testing & Counseling | 279 Occupational Therapy Evaluation |
| 249 Home Health | 701 Speech Therapy |
| 390 Hospice Services | 127 Speech Therapy Evaluation |
| 997 Office Visit/Consult | 993 Transplant Evaluation |
| 794 Outpatient Services | 209 Transplant Surgery |
| | 724 Transportation |

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)

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.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Rev. 04 02 2021
TX-PAF-5869