



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 14 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)

- 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.

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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