



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

EXPRESSIVE THERAPY
Healing Hoof Steps

MEMBER INFORMATION

*Medicaid/Member ID

Last Name, First

*Date of Birth

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

Additional Procedure Code

*Start Date OR Admission Date

*Diagnosis Code

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date

Total Units/Visits/Days

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- | | | | |
|----------------------------------|---------------------------|---|--|
| 292 Cardiac Rehab | 997 Office Visit/Consult | Behavioral Health | DME |
| 299 Drug Testing | 794 Outpatient Services | 512 BH Community Based Services | 417 DME - Rental <input type="text"/> |
| 205 Genetic Testing & Counseling | 171 Outpatient Surgery | 515 BH Electroconvulsive Therapy | 120 DME - Purchase <input type="text"/> |
| 249 Home Health | 202 Pain Management | 516 BH Intensive Outpatient Therapy | |
| 225 Home Meals | 427 Rehab (PT, OT, ST) | 510 BH Medical Management | |
| 390 Hospice Services | 201 Sleep Study | 518 BH Mental Health /Chemical Dependency Observation | |
| 112 Nutritional Supplements | 993 Transplant Evaluation | 519 BH Outpatient Therapy | Drugs |
| 410 Observation | 209 Transplant Surgery | 530 BH PHP | 422 Biopharmacy Buy & Bill Drugs |
| | 724 Transportation | 520 BH Professional Fees | (Fax Buy & Bill Drug Requests to 1-833-823-0001) |
| | | 522 BH Psychiatric Evaluation | |

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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