



# MEDICAID PRIOR AUTHORIZATION FORM

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

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.

\* INDICATES REQUIRED FIELD  Urgent requests must be signed by the requesting physician to receive priority.

\*Date of Birth

## MEMBER INFORMATION

\*Medicaid/Member ID Last Name, First (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 Additional Procedure Code \*Start Date \*Diagnosis Code  
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)

Additional Procedure Code Additional Procedure Code End Date Total Units/Visits/Days  
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY)

### \*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 790 Occupational Therapy  
299 Drug Testing 701 Speech Therapy  
205 Genetic Testing & Counseling 993 Transplant Evaluation  
249 Home Health 209 Transplant Surgery  
390 Hospice Services 724 Transportation  
997 Office Visit/Consult  
794 Outpatient Services

### 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.

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