



OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Complete and Fax to:1-844-367-7022

Request for additional units. Existing Authorization Units

Standard requests - Determination within 14 calendar days of receipt of request.

Expedited 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

*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 OR Admission Date *Diagnosis Code

(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)

Additional Procedure Code Additional Procedure Code End Date OR Discharge Date Total Units/Visits/Days

(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY)

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

412 Auditory Services
422 Biopharmacy
924 Chiropractic
712 Cochlear Implants & Surgery
295 Dental Anesthesia
299 Drug Testing
922 Experimental & Investigational Services
709 Genetic Testing
249 Home Health
290 Hyperbaric Oxygen Therapy

395 Infertility Diagnosis or Treatment
410 Observation
997 Office Visit/Consult (non par only)
794 Outpatient Services
445 Outpatient Services (Non-Par Independent Lab)
171 Outpatient Surgery
202 Pain Management
201 Sleep Study
472 Stereotactic Radiosurgery

750 Fixed Wing Air Transport
792 Vendor

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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