magnolia health

OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Standard Requests: **Fax** 877-650-6943
Behavioral Health Requests: **Fax** 833-840-0479
Transplant Requests: **Fax** 833-589-1239

☐ Request for additional units. Existing Authorization Units

☐ Standard requests - Determination within 3 calendar days and/or 2 business days of receiving all necessary information

☐ Expedited requests - I certify that following the standard authorization decision time frame could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function.

*** 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)

Behavioral Health
510 BH Medical Management
512 BH Community Based Services
513 BH Crisis Psychotherapy
514 BH Day Treatment
515 BH Electroconvulsive Therapy
516 BH Intenstive Outpatient Therapy
519 BH Outpatient Therapy
520 BH Professional Fees
521 BH Psychological Testing
522 BH Psychiatric Evaluation
530 BH Partial Hospitilization Program
533 BH Applied Behavioral Analysis

412 Auditory Services
422 Biopharmacy
401 Cardiac/Pulmonary Rehab
712 Cochlear Implants & Surgery
299 Drug Testing
205 Genetic Testing & Counseling
249 Home Health
390 Hospice Services
201 Sleep Study
701 Speech Therapy
472 Stereotactic Radiosurgery
724 Transportation

290 Hyperbaric Oxygen Therapy
729 Neuropsych Testing
410 Observation
790 Occupational Therapy
210 Orthotics
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
650 Radiation Therapy
101 Physical Therapy
147 Prosthetics
993 Transplant Evaluation
209 Transplant Surgery

DME
417 Rental
120 Purchase (Purchase Price)

Outpatient Services Example:
- Skin Debridement/Wound Care

Outpatient Surgery Examples:
- Hysterectomy
- Mammoplasty
- Rhino/Septoplasty

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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