magnolia health.
Mississippi Children's Health Insurance Program

Complete and **Fax** to: 1-855-684-6747

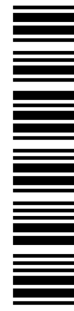
OUTPATIENT CHIP PRIOR AUTHORIZATION FORM

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)

412 Auditory Services
422 Biopharmacy
712 Cochlear Implants and Surgery
771 Dialysis
299 Drug Testing
799 Genetic Counseling
709 Genetic Testing
101 Physical Therapy
147 Prosthetics
201 Sleep Study
701 Speech Therapy
472 Stereotactic Radiosurgery
724 Transportation

249 Home Health
600 Home Infusion
290 Hyperbaric Oxygen Therapy
240 Inpatient Hospice
729 Neuropsych Testing
211 OB Ultrasound
443 Observation (non par only)
790 Occupational Therapy
997 Office Visit/Consult (non par only)
210 Orthotics
927 Outpatient Hospice
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management

DME

417 Rental
120 Purchase
(Purchase Price)

Outpatient Services Examples:
- 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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