magnolia health

OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Standard Requests: **Fax** 877-650-6943
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) _____

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.

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