OUTPATIENT MEDICAID
Prior Authorization Fax Form

magnolia health

Fax to: 1-877-650-6943

☐ Request for additional units. Existing Authorization ☐☐☐☐☐☐☐☐☐☐☐☐ Units ☐☐☐☐

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

☐ Expedited Request - 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.

X

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

*** INDICATES REQUIRED FIELD**

MEMBER INFORMATION

Date of Birth *

(MMDDYYYY)

Member ID/Medicaid ID *

Last Name, First

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

For school-aged Members (Age 3-21) with disabilities/special needs as defined in the Individual with Disabilities Education Act (IDEA):

Is/will the Member be receiving Therapy Services at school? Yes ☐ No ☐

Has Individualized Education Program (IEP) been completed? Yes ☐ No ☐ (If yes, please attach)

OUTPATIENT SERVICE TYPE * *(Enter the Service type number in the boxes)*

412	Auditory Services	600	Home Infusion	147	Prosthetics
422	Biopharmacy	290	Hyperbaric Oxygen Therapy	201	Sleep Study
712	Cochlear Implants and Surgery	240	Inpatient Hospice	701	Speech Therapy
771	Dialysis	729	Neuropsych Testing	472	Stereotactic Radiosurgery
		410	Observation	724	Transportation
	DME	790	Occupational Therapy		
417	Rental	997	Office Visit/Consult (non par only)		
120	Purchase $ (Purchase Price)	210	Orthotics		
		927	Outpatient Hospice		
299	Drug Testing	794	Outpatient Services		
709	Genetic Testing	171	Outpatient Surgery		
249	Home Health	202	Pain Management		
799	Genetic Counseling	101	Physical Therapy		

Outpatient Services Examples:
- **Skin Debridement/Wound Care**
- **Hyperbaric Oxygen Therapy**

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.