

# OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Request for additional units.      Existing Authorization      Units

Turnaround Time for ALL Prior Authorization Requests: 2 Business days when all information is received and 14 calendar days per COMAR when additional information is required. If you feel that your request is of an urgent nature, please submit your request via phone. All other request should go through via the fax number above. You must verify prior authorization requirements via the tool on our secure provider web portal, accessible via our website, at [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com) to verify PA requirements before submitting the PA request. You can also submit prior authorization requests via this secure provider web portal.

**\* 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 <small>(CPT/HCPCS)</small>	Additional Procedure Code <small>(CPT/HCPCS)</small>	*Start Date OR Admission Date <small>(MMDDYYYY)</small>	*Diagnosis Code <small>(ICD-10)</small>
Additional Procedure Code <small>(CPT/HCPCS)</small>	Additional Procedure Code <small>(CPT/HCPCS)</small>	End Date OR Discharge Date <small>(MMDDYYYY)</small>	Total Units/Visits/Days

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

412 Auditory Services	112 Nutritional Supplements	101 Physical Therapy
924 Chiropractic	410 Observation <b>(non par only)</b>	201 Sleep Study
922 Experimental & Investigational Services	790 Occupational Therapy	701 Speech Therapy
205 Genetic Testing & Counseling	997 Office Visit/Consult (non par only)	472 Stereotactic Radiosurgery
249 Home Health	424 Oral Surgery Office Visit	
390 Hospice Services	794 Outpatient Services	
290 Hyperbaric Oxygen Therapy	171 Outpatient Surgery	Transplant pre-service PA requests must be faxed to: 866-753-5659
729 Neuropsychological Testing	202 Pain Management	

**If you are requesting Biopharmacy, please use the Biopharmacy Prior Authorization Form on the website. For high tech imaging, please continue to contact NIA.**

417 DME - Rental	120 DME - Purchase	<small>(Purchase Price)</small>
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**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.**