

# **Iowa's Medicaid Program**

## 2020 New Prior Authorization Form

August 2020

# Strategy

- To review the new “universal” prior authorization forms.
- To educate on how to fill out and submit forms.

# Three Forms

- There are 3 universal forms: Supplemental, Inpatient and Outpatient.
- There are no changes in the MCO's or FFS **documentation requirements**.
- If you have questions on documentation requirements, please refer back to your MCO portal, FFS Medical or your Provider Representative.
- All providers will use the same forms.

# Supplemental Form

Use the supplemental form on **all** submissions with either inpatient or outpatient form.

Request for additional units. Existing Authorization  Units

**\*Mark Standard or Urgent Request if initial request\***

**Standard requests** - Determination within 14 calendar days from receipt of all necessary information.

**Urgent requests** - Expedited request necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function. Authorization decision will be done within 72 hours of receipt of request. **42 CFR §438.21**

**\* INDICATES REQUIRED FIELD**  
**MEMBER INFORMATION**

Medicaid/Member ID\*  Last Name, First  Date of Birth\*   
(MMDDYYYY)

**REQUESTING PROVIDER INFORMATION** *Address Required on Supplemental Form*

Requesting NPI\*  Requesting TIN\*  Requesting Provider Contact Name   
Requesting Provider Name  Phone  Fax\*

**SERVICING PROVIDER / FACILITY INFORMATION** *Address Required on Supplemental Form*

Same as Requesting Provider  
Servicing NPI\*  Servicing TIN\*  Servicing Provider Contact Name   
Servicing Provider/Facility Name  Phone  Fax

**AUTHORIZATION REQUEST**

\*Primary Procedure Code  \*Start Date OR Admission Date  \*Diagnosis Code   
(CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)  
 Additional codes will be provided on Supplemental Information Form  
End Date OR Discharge Date  Total Units/Visits/Days For Primary CPT Code   
(MMDDYYYY)

<p><b>Amerigroup</b></p> <p><b>Physical Health - Fax #: 800-964-3627</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Other Oxygen Services</li> <li><input type="checkbox"/> Biopharmacy</li> <li><input type="checkbox"/> Drug Testing</li> <li><input type="checkbox"/> Genetic Testing &amp; Counseling</li> <li><input type="checkbox"/> Office Visit/Consult</li> <li><input type="checkbox"/> Outpatient Services</li> <li><input type="checkbox"/> Outpatient Surgery</li> <li><input type="checkbox"/> Transplant Therapy</li> <li><input type="checkbox"/> Neurobehavioral Rehabilitation Services (NRS)</li> <li><input type="checkbox"/> Home Health</li> </ul> <p><b>DME</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 417 Rental</li> <li><input type="checkbox"/> 120 Purchase <small>(Purchase Price)</small></li> </ul> <p><b>Behavioral Health - Fax #: 877-434-7578</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> BH Asserive Community Service (ACT)</li> <li><input type="checkbox"/> BH Intervention Services (BHIS)</li> <li><input type="checkbox"/> BH Community Crisis Services</li> <li><input type="checkbox"/> BH Children's Mental Health Waiver (CMHW)</li> <li><input type="checkbox"/> BH ABA Services</li> <li><input type="checkbox"/> Other BH Outpatient Services</li> </ul>	<p><b>Iowa Total Care</b> <input type="text"/> <small>(Enter the Service type number in the boxes)</small></p> <p><b>Physical Health - Fax #: 833-257-8327</b></p> <ul style="list-style-type: none"> <li>422 Biopharmacy</li> <li>299 Drug Testing</li> <li>922 Experimental &amp; Investigational Services</li> <li>205 Genetic Testing &amp; Counseling</li> <li>249 Home Health</li> <li>390 Hospice Services</li> <li>410 Observation</li> <li>997 Office Visit/Consult</li> <li>794 Outpatient Services</li> <li>171 Outpatient Surgery</li> <li>202 Pain Management</li> </ul> <p><b>Behavioral Health - Fax #: 844-908-1170</b></p> <ul style="list-style-type: none"> <li>201 Sleep Study</li> <li>472 Stereotactic Radiosurgery</li> <li>209 Transplant Surgery</li> <li>993 Transplant Evaluation</li> <li>724 Transportation</li> <li>790 Occupational Therapy</li> <li>101 Physical Therapy</li> <li>701 Speech Therapy</li> <li>161 BH ABA Services</li> <li>512 BH Community Based Services</li> <li>515 BH Electroconvulsive Therapy</li> <li>516 BH Intensive Outpatient Therapy</li> <li>519 BH Outpatient Therapy</li> <li>521 BH Psychological Testing</li> </ul> <p><b>DME</b></p> <ul style="list-style-type: none"> <li>417 Rental</li> <li>120 Purchase <small>(Purchase Price)</small></li> </ul>
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Please mark if including clinical information with the request  
Fee for Service: Fax # 515-725-1356  
more information: <https://dhs.iowa.gov/ime/providers/claims-and-billing/pa>

**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.  
**Confidentiality:** The information contained in this transmission is confidential and may be protected under the health insurance portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

# Form Overview

- There is a bar code to the upper right of the Outpatient and Inpatient forms, this is for ITC use only.
- At the bottom of the inpatient and outpatient forms are areas that are specific to AGP, ITC and FFS, which must be filled out completely.

# Form

- For FFS, ITC and AGP, fill out the top portion of the Outpatient and Inpatient forms.
- At the bottom of the form, AGP information is on the left hand side or ITC on the right hand side.
- The fax number and link for FFS is at the bottom of the form

# Form

- The Medicaid number listed on the forms is for the STATE ID number - this will be corrected on a future update. The State ID is on the member's ID card if provider cannot locate it.



# Additional Questions

- For additional questions, there is a link provided at the bottom of both the inpatient and outpatient forms.
- The provider would need to contact or review the MCOs Provider website for documentation requirements. Again, these have NOT changed.

# Submitting Forms

- All \* (asterisks) are required in order to submit the forms.
- For MCOs there are several ways to submit: Fax, MCO portal, Secure Email, or IMPA
- Prior authorization requests can be submitted using the following methods: [IMPA](#), Fax: 515-725-1356, Email: [paservices@dhs.state.ia.us](mailto:paservices@dhs.state.ia.us)

# Informational Letter No. 2147- MC-FFS

- Starting, July 1, 2020, providers for both MC and FFS may begin using the new universal forms for requesting medical PAs. The new universal forms include one PA request form for outpatient services<sup>2</sup>, another PA form for inpatient services<sup>3</sup>, and a supplemental form<sup>4</sup> for additional provider addresses, member diagnosis, and procedure codes. All three universal forms can be downloaded and printed from the DHS website<sup>5</sup>.

# Links

These links are found in IL 2147

- 1 [https://dhs.iowa.gov/sites/default/files/2107-MC-FFS\\_Uniform\\_PA\\_Process.pdf](https://dhs.iowa.gov/sites/default/files/2107-MC-FFS_Uniform_PA_Process.pdf)
- 2 <https://dhs.iowa.gov/sites/default/files/470-5595.pdf>
- 3 <https://dhs.iowa.gov/sites/default/files/470-5594.pdf>
- 4 <https://dhs.iowa.gov/sites/default/files/470-5619.pdf>
- 5 <https://dhs.iowa.gov/ime/providers/claims-and-billing/PA>

# Top of Form\*

Request for additional notes

Standard requests

Urgent requests

Medicaid/Member ID\*

Requesting NPI\*

Existing Authorization (#)

Units: (#)

\*Mark Standard or Urgent Request if initial request\*

Requesting TIN\*

Fax\*

Servicing NPI\*

Servicing TIN\*

Primary Procedure Code\*

Start Date or Admission Date\*

Diagnosis Code

# Conclusion

- No changes in required documents
- 3 forms: Supplemental, In Patient, Out Patient
- Supplemental can be submitted every time a prior auth is submitted OR only when additional procedure/diagnosis codes are required.

# Conclusion

- Anything with an \* is **REQUIRED** in order for your prior authorization to be submitted.
- You must fill out the top portion of the outpatient or inpatient forms **AND** the section for Amerigroup, Iowa Total Care OR Fee For Service at the bottom of the form.

# Questions?