



# OUTPATIENT MEDICAID PRIOR AUTHORIZATION 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  (CPT/HCPCS)  (Modifier)

\*Start Date OR Admission Date  (MMDDYYYY)

\*Diagnosis Code  (ICD-10)

Additional codes will be provided on Supplemental Information Form

End Date OR Discharge Date  (MMDDYYYY)

Total Units/Visits/Days For Primary CPT Code

<p><b>Amerigroup</b> Physical Health UM Fax: 800-964-3627 Behavioral Health Fax: 877-434-7578</p> <p><b>Provider Website:</b> <a href="https://provider.amerigroup.com/iowa-provider/home">https://provider.amerigroup.com/iowa-provider/home</a> <b>Precertification Lookup Tool (PLUTO):</b> <a href="https://provider.amerigroup.com/iowa-provider/resources/prior-authorization-requirements/prior-authorization-lookup">https://provider.amerigroup.com/iowa-provider/resources/prior-authorization-requirements/prior-authorization-lookup</a> <b>Availity Login:</b> <a href="https://apps.availity.com/availity/web/public.elegant.login">https://apps.availity.com/availity/web/public.elegant.login</a></p> <p><b>Contact Amerigroup (Providers):</b> <a href="https://provider.amerigroup.com/iowa-provider/contact-us">https://provider.amerigroup.com/iowa-provider/contact-us</a></p>	<p><b>Iowa Total Care</b> <input type="text"/></p> <p>(Enter the Service type number in the boxes)</p> <p><b>Behavioral Health - Fax #: 844-908-1169</b></p> <p>528 BH Chemical Substance Abuse 529 BH Psychiatric Admission 527 BH RTC-MH (Psychiatric Medical Institution for Children, PMIC)</p>	<p><b>Physical Health - Fax #: 833-257-8327</b></p> <table style="width: 100%; border: none;"> <tr> <td>490 Boarder Baby</td> <td>427 Rehab</td> </tr> <tr> <td>779 C-Section Delivery</td> <td>402 Skilled Nursing Facility</td> </tr> <tr> <td>121 Long Term Acute Care</td> <td>492 Subacute</td> </tr> <tr> <td>970 Medical</td> <td>411 Surgical</td> </tr> <tr> <td>300 Neonate</td> <td>720 Vaginal Delivery</td> </tr> <tr> <td>414 Premature/False Labor</td> <td>992 Transplant</td> </tr> </table>	490 Boarder Baby	427 Rehab	779 C-Section Delivery	402 Skilled Nursing Facility	121 Long Term Acute Care	492 Subacute	970 Medical	411 Surgical	300 Neonate	720 Vaginal Delivery	414 Premature/False Labor	992 Transplant
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<p><b>Molina Healthcare</b></p> <p><b>Availity Portal:</b> <a href="https://apps.availity.com/availity/web/public.elegant.login">https://apps.availity.com/availity/web/public.elegant.login</a></p>		<p>UM Fax #: 1-319-774-1295 Member Services Toll Free: 1-844-236-0894 Provider Toll Free Number: 1-844-236-1464</p>												

**Please mark if including clinical information with the request** **Fee for Service:** <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.

**470-5595 (Rev. 06/23)**