



# BEHAVIORAL HEALTH OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Complete and **Fax** to: 1-833-505-1300

☐ Request for additional units. Existing Authorization  Units

☐ **Standard requests** - Determination within 7 calendar days of receipt of request.

☐ **Urgent requests** - Please call 1-833-616-0645. \*Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

\* 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)

### Behavioral Health

512 BH Community Based Services  
515 BH Electroconvulsive Therapy  
516 BH Intensive Outpatient Therapy  
510 BH Medical Management  
518 BH Mental Health /Chemical Dependency Observation  
519 BH Outpatient Therapy  
530 BH PHP  
520 BH Professional Fees  
522 BH Psychiatric Evaluation  
521 BH Psychological Testing  
533 BH Applied Behavioral Analysis

513 BH Crisis Psychotherapy  
513 BH Crisis Psychotherapy  
514 BH Day Treatment

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.

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