

OUTPATIENT MEDICAID PRIOR AUTHORIZATION FORM

<input type="checkbox"/>	Request for additional units.	Existing Authorization <input type="text"/>	Units <input type="text"/>
<input type="checkbox"/>	Standard requests - Determination within 14 calendar days from receipt of all necessary information.		
<input type="checkbox"/>	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		

Mark Standard or Urgent Request if initial request

*INDICATES REQUIRED FIELD

MEMBER INFORMATION

Medicaid/Member ID*	Last Name, First	Date of Birth*
<input type="text"/>	<input type="text"/>	<input type="text"/>

REQUESTING PROVIDER INFORMATION Address Required on Supplemental Form

Requesting NPI*	Requesting TIN*	Requesting Provider Contact Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Requesting Provider Name	Phone	Fax*
<input type="text"/>	<input type="text"/>	<input type="text"/>

SERVICING PROVIDER / FACILITY INFORMATION Address Required on Supplemental Form

<input type="checkbox"/> Same as Requesting Provider		
Servicing NPI*	Servicing TIN*	Servicing Provider Contact Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Servicing Provider/Facility Name	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZATION REQUEST

*Primary Procedure Code	*Start Date OR Admission Date	*Diagnosis Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
(CPT/HCPCS)	(MMDDYYYY)	(ICD-10)
<input type="checkbox"/> Additional codes will be provided on Supplemental Information Form	End Date OR Discharge Date	Total Units/Visits/Days For Primary CPT Code
	<input type="text"/>	<input type="text"/>
	(MMDDYYYY)	

Amerigroup Physical Health UM Fax: 800-964-3627 Behavioral Health Fax: 877-434-7578 Provider Website: https://provider.amerigroup.com/iowa-provider/home Precertification Lookup Tool (PLUTO): https://provider.amerigroup.com/iowa-provider/resources/prior-authorization-requirements/prior-authorization-lookup Availity Login: https://apps.availity.com/availity/web/public.elegant.login Contact Amerigroup (Providers): https://provider.amerigroup.com/iowa-provider/contact-us	Iowa Total Care (Enter the Service type number in the boxes) <input type="text"/> Behavioral Health - Fax #: 844-908-1169 528 BH Chemical Substance Abuse 529 BH Psychiatric Admission 527 BH RTC-MH (Psychiatric Medical Institution for Children, PMIC) Molina HealthCare Availity Portal: https://apps.availity.com/availity/web/public.elegant.login UM Fax #: 1-319-774-1295 Member Services Toll Free: 1-844-236-0894 Provider Toll Free Number: 1-844-236-1464	Physical Health - Fax #: 833 257-8327 490 Boarder Baby 779 C-Section Delivery 121 Long Term Acute Care 970 Medical 300 Neonate 414 Premature/False Labor 427 Rehab 402 Skilled Nursing Facility 492 Subacute 411 Surgical 720 Vaginal Delivery 992 Transplant
<input type="checkbox"/> 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.

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470-5595 (Rev. 06/23)