

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)

Amerigroup		Iowa Total Care	
<b>Physical Health - Fax #: 800-964-3627</b>		<b>Physical Health - Fax #: 833-257-8327</b>	
Other Oxygen Services	<b>DME</b>	422 Biopharmacy	<b>Behavioral Health - Fax #: 844-908-1170</b>
Biopharmacy	417 Rental	201 Sleep Study	161 BH ABA Services
Drug Testing	120 Purchase (Purchase Price)	472 Stereotactic Radiosurgery	512 BH Community Based Services
Genetic Testing & Counseling		209 Transplant Surgery	515 BH Electroconvulsive Therapy
Office Visit/Consult	<b>Behavioral Health - Fax #: 1-866-877-5229</b>	993 Transplant Evaluation	516 BH Intensive Outpatient Therapy
Outpatient Services	BH Assertive Community Service (ACT)	922 Experimental & Investigational Services	519 BH Outpatient Therapy
Outpatient Surgery	BH Intervention Services (BHIS)	993 Transplant Evaluation	521 BH Psychological Testing
Transplant Therapy	BH Community Crisis Services	205 Genetic Testing	
Neurobehavioral Rehabilitation	BH Children's Mental Health Waiver (CMHW)	724 Transportation	
Services(CNRS)	BH ABA Services	790 Occupational Therapy	
Home Health	Other BH Outpatient Services	249 Home Health	
		101 Physical Therapy	
		390 Hospice Services	
		410 Observation	
		997 Office Visit/Consult	<b>DME</b>
		794 Outpatient Services	417 Rental
		171 Outpatient Surgery	120 Purchase (Purchase Price)
		202 Pain Management	

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.

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