

Prior Authorization Form – Tip Sheet

This tip sheet serves as an outline to the Prior Authorization Form. For additional information, please reference page 2 “Instruction for Completion” on the Prior Authorization form. You can access the Prior Authorization form, by [clicking here](#).

I. GENERAL INFORMATION

Question # 8: Name and address of the facility where services are to be rendered, if service is to be provided other than home or office. Please include the following:

- Servicing NPI/TIN
- Servicing Provider Contact Name
- Servicing Provider Fax

II. SERVICE INFORMATION

- Outpatient or Inpatient Request
- Level of Urgency
- Service Type – See below example

INPATIENT SERVICE TYPE

490 Boarder Baby	Behavioral Health
779 C-Section	525 BH BHIF-PTC
970 Medical	535 BH Residential Treatment – Substance Use
300 Neonate	536 BH Residential Treatment – Mental Health
904 Nursing Facility	528 BH Chemical Substance Abuse
414 Premature / False Labor	532 BH Crisis Stabilization Unit
402 Skilled Nursing Facility	538 BH Detox
492 Subacute	531 BH Eating Disorders
411 Surgical	529 BH Psychiatric Admission
992 Transplant	537 BH SIPP
720 Vaginal Delivery	
420 Rehab	

OUTPATIENT SERVICE TYPE

292 Cardiac Rehab	Behavioral Health
299 Drug Testing	512 BH Community Based Services
205 Genetic Testing and Counseling	515 BH Electroconvulsive Therapy
249 Home Health	516 BH Intensive Outpatient Therapy
225 Home Meals	510 BH Medical Management
390 Hospice Services	518 BH Mental Health/Chemical Dependency Observation
112 Nutritional Supplements	519 BH Outpatient Therapy
410 Observation	530 BH PHP
794 Outpatient Services	520 BH Professional Fees
171 Outpatient Surgery	522 BH Psychiatric Evaluation
202 Pain Management	
427 Rehab (PT, OT, ST)	DME
201 Sleep Study	417 DME – Rental
993 Transplant Evaluation	120 DME – Purchase
209 Transplant Surgery	
724 Transportation	Drugs
	422 Biopharmacy

III. PROVIDER

Requesting Provider Information

- Servicing NPI/TIN
- Servicing Provider Contact Name
- Servicing Provider Fax

IV. PRESCRIBING/PERFORMING PRACTITIONER

Requesting Provider Information

- Servicing NPI/TIN
- Servicing Provider Contact Name
- Servicing Provider Fax