



## PED-I-CARE MEDICAL AUTHORIZATION REQUEST FORM

Fax requests to (866) 256-2015 • For questions call (800) 492-9634

eINFOsource Provider Portal: <https://cms.einfosource.med3000.com>

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**Program:**  Title 19 MMA-CMS Plan  Title T21  
**Request Type:**  Standard  STAT\*  Retro (service already provided)  ER or Observation Stay Notification  
*\*Standard timeframe could seriously jeopardize the member's life, health, or ability to obtain, maintain, or regain maximum function.*

Member: \_\_\_\_\_ DOB: \_\_\_\_\_ Member ID#: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

	Requesting Provider	Requested Provider/Facility	PCP (If not already listed)
Provider Name			
Specialty			
Tax ID #			
Contact Name			
Phone #			
Fax #			

Diagnosis Code(s): \_\_\_\_\_ CPT/HCPCS Code(s), if applicable: \_\_\_\_\_

### AUTHORIZATION INFORMATION – Requests require the submission of supporting clinical documentation.

**Provider/Facility is:**  Participating  Non-Participating (Include address, contact info, NPI #, and for T19 the Medicaid #)

**Date of Admit/Service:** \_\_\_\_\_  Elective (Includes scheduled) \*\*  Emergent (in 24 hours)

**Requested Dates:** \_\_\_\_\_ through \_\_\_\_\_ **Total:** \_\_\_\_\_  Days  Weeks  Months

**Procedure:** \_\_\_\_\_

- Inpatient Surgery/Services  Outpatient Surgery/Services \*\*  Transplantation & Related Care  
 Experimental/Investigational Treatment  Out-of Network Request for: \_\_\_\_\_  
 Other \_\_\_\_\_

#### Items/Supplies \*\*

- Augmentative Communication System/Device  
 DME: \_\_\_\_\_  
 Orthotics/Prosthetics: \_\_\_\_\_  
Hearing:  Hearing Aids  Cochlear Implant  
Nutritional Supplements: (Include forms and order)  
 Enteral  TPN  
Vision:  Contact Lenses  Specialty Glasses

#### Services/Procedures +

- Diagnostic Imaging of: \_\_\_\_\_  
 MRI  MRA  CT Scan  PET Scan  
 Genetic Testing \*\*\* (Include Supplemental Form)  
 Oral Surgery \*\*  
 Orthodontia \*\* (Include Medicaid score sheet and films and/or photos if score doesn't meet guidelines)

**Days/Week:** \_\_\_\_\_ **Units/Day:** \_\_\_\_\_ **Total Units:** \_\_\_\_\_  
Choose one service type and include a signed plan of care.

#### Home Health Services Home Health Aide

PDN:  LPN  RN  Home Infusion

Is another child in the home already receiving home health services?  Yes  No

#### Therapy Physical Occupational

Speech  Respiratory

#### Applied Behavioral Analysis (ABA) Therapy

**T21** – Fax to Concordia: (305) 514-5321 or (855) 698-7790

Questions: (877) 698-7789 option 2, option 1

**T19** - Request through the Local Medicaid Area Office

#### Prescribed Pediatric Extended Care (PPEC)

**T21** - # Full Days: \_\_\_\_\_ # Half Days: \_\_\_\_\_

**T19** - Request through eQHealth @ 1-855-444-3747

**Transportation** (For routine, non-emergent transportation to medical appointments)

**T21** - Call TMS @ 1-855-739-5986 to request services **T19** - Call TMS @ 1-866-411-8920 to request services

\*\* For services that have a by report (BR) or prior authorization (PA) indicator on the Medicaid Fee Schedule.

\*\*\* If not on Medicaid fee schedule, or if genetic testing is with an out-of-network provider.

+ MRIs and CTs do not require PA if the diagnosis code is listed in Appendix D of the Practitioner Services Coverage and Limitations Handbook. For diagnoses not listed, PA is required.



## PED-I-CARE GENETIC TEST REQUEST SUPPLEMENTAL INFORMATION

Please complete this form and submit along with the Ped-I-Care Medical Authorization Request Form, CMS Special Exemption Form, and supporting clinical documentation. This information will be reviewed by the Medical Director.

Member: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Requested Test:**

Test description (including documentation):

Specificity of test:

Sensitivity of test:

Laboratory:

Laboratory Phone #:

Address:

**Major clinical features:**

**Previous pertinent lab studies/diagnostic investigations:**

**Level of actionable consequences of testing (please answer all that are applicable):**

Genetic Counseling for future children in family:

Medical monitoring changes:

Treatment considerations:

Life altering changes: