

REQUEST for MEDICAID ADMINISTRATIVE PRE-AUTHORIZATION (PA) FOR “MEDICAID ENROLLED” (MEDICAID FUNDED) CONSUMERS:

This Administrative REQUEST for *Pre-Authorization (PA)* for Medicaid Funded Substance Use Disorder treatment is required from Medicaid providers for all Medicaid covered consumers newly admitted between *April 1 and May 23, 2016*. No clinical information is required for this request to be processed by the IME.

Record below applicable Medicaid funded LOC: IOP = HCPC # H0015 HF or PC (Partial Care) = HCPC # H2036 HF

This form is valid for ADMINISTRATIVE Medicaid PA requests only.

SEND COMPLETED REQUEST to IME – (See bottom of form for IME contact information)

Beneficiary’s Last Name: _____ First Name: _____ MI: _____ DOB: _____

Gender (Check One): F M Transgender

Medicaid ID # (12 digits) _____ SSN: _____

Beneficiary’s Street Address: _____

City:		State:		Zip:	
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Phone	
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Service Provider Name:		Medicaid Site ID #	
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Street Address: _____

City:		State:		Zip:	
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Phone	Fax		Email	
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Date Submitted: _____

TREATMENT REQUESTED:

Record below the SUD Medicaid Funded LOC requested with Start (admission) date:

1. LOC/HCPC _____ Start (admission) date: _____
2. LOC/HCPC _____ Start (admission) date: _____

Comments:

Send this Administrative PA request form to UBHC IME Utilization Management Unit either by secure email scan at imeum@ubhc.rutgers.edu or Fax it to 732-235-4898. In case of a concern call UBHC IME UM staff at 844-276-2444