Instructions for Prior Authorization Form

Recipient MID	Enter Recipient's Medicaid ID Number
Last Name	Enter Recipient's last name. This name must match the name associated with the MID.
First Name	Enter Recipient's first name.
Middle	Optional: enter Recipient's middle initial
Birth Date	Birth date of Recipient
Ordering, Prescribing, Referring Medicaid Provider Name (OPR)	Enter the name of the RI Medicaid provider who is ordering, prescribing or referring the service
NPI	NPI of the OPR provider
Taxonomy	Taxonomy of the OPR provider
Performing/Billing Provider Name	Enter name of the provider who is performing/billing for the service
Return Mailing Address	Enter the mailing address for the Performing/Billing provider. City, State and Zip Code are entered on the next lines. This address will be used to return the request if more information is needed.
Hospitals Only	Hospitals only should check if request is for inpatient or outpatient services.
PERFORMING/BILLING NPI	Enter the NPI for the Performing/Billing provider.
TAXONOMY	Enter the taxonomy for the Performing/Billing provider
START DATE	Date service will begin.
END DATE	Date service will end.

PROCEDURE OR REVENUE CODE/MOD	5 character HCPCS for equipment or supplies, Or Revenue code for hospital stays or institutional claims.
ADD MOD	Additional modifier for the procedure code if needed.
TTH SRF	Tooth surface if applicable
ICD TYP	Enter code for ICD type: Enter 2 for ICD-9 diagnosis code Enter 3 for ICD-10 diagnosis code
DIAG CODE	Diagnosis code that relates to the service being provided.
UNITS/OCCUR	Number of units requested or number of days for hospital stays.
DOLLAR AMOUNT	Enter dollar amount for procedures/items that are manually priced or are unlisted procedures.
Reason Service is required	Give a brief description of the reason why the service is being requested. Attach all supporting documentation.
Performing Provider Signature and Title	Original signature of the performing provider.

Please send completed form to:

Gainwell Technologies

PO Box 2010

Warwick, RI 02887