

**SECTION  
APPENDIX**

**SUBJECT**  
**Request for Prior Authorization (DPHHS-AMDD-149) Instructions**

**PURPOSE**

The case management team (CMT) completes this form when requesting a service that requires prior authorization as outlined in MHSB 403.

**DISTRIBUTION**

CMT retains a copy as a suspense copy and forwards original to the Community Program Officer (CPO). After completing Section V, the CPO will return the original copy to the CMT and retaining a copy for files.

**INSTRUCTIONS**

Individual's Information--Enter name, county, and Medicaid number of the individual. Check appropriate care category.

Type of Request--Enter cost for each category of services being requested. Cost sheet must be attached.

Narrative--Summarize justification for request.

Requester--Enter name and phone number of the CMT member filling out the form. Enter date of request.

Community Program Officer--CMT forwards this request to the CPO for consideration. CPO will complete this section and return it to CMT.

