



# NEW HAMPSHIRE MEDICAID

272X FFS i  
09/2021

**REQUEST FOR SERVICE AUTHORIZATION  
FOR DIAGNOSTIC IMAGING**  
Instructions for filling out this form are attached.  
(Fee-for-Service (FFS) Program Only –  
Not for Managed Care program use)

For State use only. Administrative **APPROVAL** per Medical Director

Date: \_\_\_\_\_ By: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

EPSDT: \_\_\_\_ SA #: \_\_\_\_\_

**\*PLEASE PRINT OR TYPE ALL INFORMATION (all fields are required)\*\***

**RECIPIENT INFORMATION** **TODAY'S DATE:** \_\_\_\_\_

**RECIPIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**RECIPIENT MEDICAID ID #:** \_\_\_\_\_ **DIAGNOSIS CODES:** \_\_\_\_\_

**ALTERNATE INSURANCE PLAN NAME:** \_\_\_\_\_

**PROVIDER INFORMATION**

**CONTACT PERSON:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**PERFORMING FACILITY:** \_\_\_\_\_ **PERFORMING FAC. FAX #:** \_\_\_\_\_

**PERFORMING FACILITY MEDICAID ID #:** \_\_\_\_\_

Requested Procedure	CPT Code and Modifier	w/ contrast	w/o contrast	w/ & w/o contrast	Date of Service

**PHYSICIAN'S ORDER AND LETTER OF MEDICAL NECESSITY**  
Pursuant to He-W 569.06© Request for Prior Authorization for Diagnostic Imaging, and clinical information supporting the medical necessity for the request, including, but not limited to, the medical care plan, relevant diagnostic tests, and progress notes must be attached.

**For the items listed above: (please check and include all.)**

I certify that I have obtained and attached a Physician's order and a LMN pursuant to He-W 569.06 (c).

I have attached medical records to support the medical necessity of this diagnostic imaging.

\_\_\_\_\_

*Signature* *Date*

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\_\_\_\_\_

*Printed Name* *Title*

*Approval is a determination that the services requested are medically necessary and not a guarantee of payment.*



## NEW HAMPSHIRE MEDICAID

### **INSTRUCTIONS FOR DIAGNOSTIC IMAGING: FORM 272X FFS REQUEST FOR SERVICE AUTHORIZATION FOR DIAGNOSTIC IMAGING**

This form must be filled out pursuant to He-W 569.06 (c) The ordering practitioner shall initiate the service authorization process on behalf of the recipient by submitting a completed Form 272X, Request for Service Authorization for Diagnostic Imaging (January 2014), and clinical information supporting the medical necessity for the request, including, but not limited to, the medical care plan, relevant diagnostic tests, and progress notes, to the State by mail, or fax.

Please note that before this form is filled out, **it is your responsibility to verify eligibility** of the recipient for the Fee-for-Service (FFS) program. That can be done by calling the number on the back of the recipient's Medicaid card; calling Conduent at 866-291-1674; looking directly in the MMIS system; or using the software your office has to access the information.

The first two sections of the new form are the Recipient Information and Provider Information and should be filled out accordingly. Note that the ordering physician and the rendering facility will have two different Medicaid ID numbers.

The next section is what you are requesting. Fill in a description of the diagnostic test, the Procedure Code, with or without contrast and the date of service.

For your convenience, the section following is the legal information with references to the Medicaid rule. The signature should be that of the person making out the form.

To submit documents request a secured email link, by emailing [ServiceAuthorizationFFS@dhhs.nh.gov](mailto:ServiceAuthorizationFFS@dhhs.nh.gov). In the subject line write Requesting Approval for: then choose DME, Incontinence, Therapy etc. You will receive a secured email thread. Alternatively you can use your own process for securing Protected Health Information in documents sent by email. Attach the Physicians order, the Letter of Medical Necessity, and clinical notes supporting the request. Return all documentation and the Service Authorization Request form to [ServiceAuthorizationFFS@dhhs.nh.gov](mailto:ServiceAuthorizationFFS@dhhs.nh.gov) or fax to: 603-271-8194.

If the information sent is incomplete, you will receive a request for more information. This is not a denial. Send in the information as above for the request to be reconsidered.

If all information is complete and criteria is met, you will receive a form from the state with the approval information. Once the Request for Service Authorization has been approved by the State it is sent to the Fiscal Agent, Conduent, to create the authorization. Conduent has three business days to create and mail the authorization to the performing provider. If you have questions, please call Conduent at 1-866-291-1674.