REQUEST FOR SERVICE AUTHORIZATION FOR OUT-OF-STATE SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 769 (Rev. 8-2014)

Clear Fields

Medically Urgent ☐

SEND TO:
MEDICAL SERVICES DIVISION
ND DEPARTMENT OF HUMAN SERVICES
600 E BOULEVARD AVE, DEPT 325
BISMARCK, ND 58505-0250
FAX (701) 328-0376

TO BE COMPLETED BY A NORTH DAKOTA REFERRING PHYSICIAN ONLY!

NOTE: AN INCOMPLETE FORM WILL DELAY THE AUTHORIZATION PROCESS. *Approval of this request is not authorization for payment or approval of charges. Payment by the Medicaid Program is contingent on the patient being eligible and the provider of services being enrolled in ND Medicaid. The provider of services must verify patient eligibility at the time the service is rendered. Authorization expires 60 days from approval, unless otherwise noted by Medicaid.*

MEDICAID ELIGIBILITY VERIFY LINE 1-800-428-4140

RECIPIENT Last Name	First	Middle Initial	Date of Birth	Sex ☐ M ☐ F

Medicaid ID Number	Medicaid Eligibility Verified ☐ Yes ☐ No	Other Medical Insurance/Medicare

Attendant Requested ☐ Yes ☐ No	Medical Reason for Attendant

Date(s) of Service	Quantity	Procedure Code-CPT/HCPC	Procedures/Services (describe)
1.			
2.			

Diagnosis (ICD Code)

Reason for Out-Of-State Medical Treatment (**SEND ADDITIONAL INFORMATION WITH REQUEST**-see page 2 for the minimum information that must be sent)

In-State Provider #1 - Required		Facility Contact Person	
Referring Physician (**In-State Board Certified Specialist)**		Telephone Number	Fax Number
Address	City	State	ZIP Code
Referring Physician Signature (optional)		Provider ID Number	NPI

In-State Provider #2 - Required		Facility Contact Person	
Referring Physician (**In-State Primary Physician)**		Telephone Number	Fax Number
Address	City	State	ZIP Code
Referring Physician Signature (optional)		Provider ID Number	NPI

In-State Provider #3 - Optional		Facility Contact Person	
Referring Physician **(Other, i.e. Nurse Practitioner)**		Telephone Number	Fax Number
Address	City	State	Zip Code
Referring Physician Signature (optional)		Provider ID Number	NPI

Out-of-State Provider		Facility Contact Person	
Receiving Physician		Telephone Number	Fax Number
Address	City	State	ZIP Code

Services Provided in Hospital: ☐ Yes ☐ No	If Yes, Name of Hospital	
Hospital Contact Name		Telephone Number

OUT-OF-STATE SERVICES
PRIOR AUTHORIZATION REQUIREMENTS

- Out-of-state services at sites more than fifty miles from the North Dakota border must be prior authorized. (Exception: Canadian services are not covered.)

- Services received outside of the United States are not covered.

- The recipient's ND Primary Care Physician must submit a written request to North Dakota Medicaid for authorization for out-of-state services before scheduling an appointment.
  Requests must include:

    - recipient's name, Medicaid ID number and date of birth,
    - diagnosis,
    - medical information supporting the need for out-of-state services,
    - a written second opinion from an appropriate in-state board certified specialist, following a current (within 3 months) examination, which substantiates the medical need for out-of-state care,
    - the physician and facility being referred to, and
    - assurance that the service is not available in North Dakota.

- The Medicaid office determines if the referral meets state requirements and approves or denies the request in writing. A copy of the determination is sent to the primary physician, out-of-state provider(s), recipient and County Social Service Office.

- Emergency out-of-state services are allowable at the in-state physician's discretion but are subject to Medicaid review and denial of claims. The transferring facility must notify ND Medicaid within 48 hours of the transfer. Documentation must include: destination and date of transfer, mode of transportation and discharge summary. Use of air ambulance must always be substantiated.

- Claims from out-of-state providers will not be paid without written prior authorization.

- Recipients with private insurance are subject to prior authorization requirements as established by the primary insurance carrier.

- The recipient's County Social Service Office is responsible for assisting the recipient with arrangements for travel, lodging and meals.