SERVICE LIMITS SERVICE AUTHORIZATION REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 481 (Rev.6-2022)

Clear Fields

Send to: Medical Services Division
ND Department of Human Services
600 E Boulevard Ave, Dept. 325
Bismarck, ND 58505
Fax: (701) 328-0377

PROVIDER INFORMATION

Billing Provider Name	NPI	Billing Provider Number	Telephone Number	Fax Number
Servicing Provider Name	NPI	Servicing Provider Number		

RECIPIENT INFORMATION

Last Name, First Name, Middle Initial	Medicaid ID Number	Gender ☐ Male ☐ Female	Date of Birth
Patient's Residence: ☐ NF/Swing Bed ☐ ICF/ID ☐ Private Home			

Check Area(s) of Request:

- ☐ Chiropractic Manipulation Visit
- ☐ Physical Therapy Visits/Evaluation
- ☐ Psychotherapy Visits (PHD, MSW, etc.)
- ☐ Occupational Therapy Visits/Evaluation
- ☐ Speech Therapy Visits/Evaluation
- ☐ Psychology Testing
- ☐ Psychology Evaluation
- ☐ Medical Nutrition Therapy
- ☐ Rehabilitative Services

Diagnosis/ICDCode(s)	CPT/HCPCS Code(s)	Revenue Code

Explain nature of request (retro or future) including medical necessity:

* Please attach care plan if applicable

Additional visits/therapies requested:

Number of Visits Requested	Start Date	End Date

Date of Last Service Limit Request	Signature of Requesting Provider	Today's Date

STATE USE ONLY

Remarks: ☐ Approve ☐ Deny	Number of Visits Approved	Start Date	End Date

Comments

Signature

Service Limits Prior Authorization Form SFN 481 is available online in a fillable format at: http://www.nd.gov/eforms