

INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Standard Requests - Determination within 7 business days of receiving all necessary information.

Urgent Requests - I certify this request is urgent and medically necessary and following the standard timeframe could seriously jeopardize the member's life or health or the ability to attain, maintain or regain maximal function within 24 hours to avoid complications.

***Indicates Required Field**

MEMBER INFORMATION

*Medicaid/Member ID

Last Name, First

*Date of Birth
(MMDDYYYY)

REQUESTING PROVIDER INFORMATION

*Requesting NPI *Requesting TIN Requesting Provider Contact Name

Requesting Provider Name Phone *Fax

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

*Servicing NPI *Servicing TIN Servicing Provider Contact Name

Servicing Provider/Facility Name Phone Fax

AUTHORIZATION REQUEST

*Primary Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	Additional Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	*Start Date OR Admission Date <input type="text"/> <small>(MMDDYYYY)</small>	*Diagnosis Code <input type="text"/> <small>(ICD-10)</small>
Additional Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	Additional Procedure Code <input type="text"/> <input type="text"/> <small>(CPT/HCPCS) (Modifier)</small>	Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity <input type="text"/> <small>(MMDDYYYY)</small>	Additional Diagnosis Code <input type="text"/> <small>(ICD-10)</small>



***INPATIENT SERVICE TYPE** (Enter the Service type number in the boxes)

- 490 Boarder Baby
- 779 C-Section Delivery
- 121 Long Term Acute Care
- 970 Medical
- 300 Neonate
- 414 Premature/False Labor
- 427 Rehab
- 402 Skilled Nursing Facility
- 411 Surgical
- 992 Transplant
- 720 Vaginal Delivery

**ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.**

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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