

INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Elective Request

Urgent Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 hours to avoid complications and unnecessary suffering or severe pain.

***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 (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

*Start Date OR Admission Date (MMDDYYYY)

*Diagnosis Code (ICD-10)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity (MMDDYYYY)

Additional Diagnosis Code (ICD-10)

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

- | | | |
|--------------------------|------------------------------|--|
| 490 Boarder Baby | 402 Skilled Nursing Facility | Behavioral Health
528-BH-Chemical Substance Abuse
529-BH-Psychiatric Admission
531-BH-Eating Disorders
532-BH-Crisis Stabilization Unit
535-BH-Residential Treatment Substance Use
536-BH-Res Treatment-Mental Health |
| 779 C-Section | 411 Surgical | |
| 970 Medical | 720 Vaginal Delivery | |
| 300 Neonate | 992 Transplant | |
| 121 Long Term Acute Care | 181 Swing Bed | |
| 427 Rehab | | |

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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