silversummit healthplan

INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Complete and **Fax** to: 1-844-367-7022
Behavioral Health Requests: **Fax** to: 1-833-840-0459

☐ **Standard requests -** Determination within 14 calendar days of receipt of request.

☐ **Expedited requests -** I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

***Indicates Required Field**

MEMBER INFORMATION

*Date of Birth (MMDDYYYY)

*Medicaid/Member ID

Last Name, First

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) ☐☐☐

779 C-Section Delivery
720 Vaginal Delivery
414 Premature/False Labor
490 Boarder Baby
300 Neonate

402 Skilled Nursing
970 Medical
411 Surgical
427 Rehab
992 Transplant

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 Abe
536-BH-Residential Treatment-Mental Health

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.

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