



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 2 business 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

*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)

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

**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.**