

INPATIENT PRIOR AUTHORIZATION FORM

Standard requests - Determination within 14 calendar days of receiving all necessary information.

Urgent 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.

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY



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

*INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- | | |
|--|------------------------------|
| Delivery | 414 Premature/False Labor |
| 779 C-Section | 402 Skilled Nursing Facility |
| 720 Vaginal Delivery | 411 Surgical |
| | 490 Boarder Baby |
| Inpatient Rehab | 300 Neonate |
| 479 Inpatient Hospital | 209 Transplant Surgery |
| 220 Comprehensive Inpatient Rehab Facility | |
| 121 Long Term Acute Care | |
| 970 Medical | |

**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.**