

# INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

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

**Urgent requests** - Expedited Request - 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

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

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

490 Boarder Baby	220 Rehab Facility
779 C-Section	402 SNF
119 Long Term Acute Care - Hospital	411 Surgical
970 Medical	209 Transplant Surgery
300 Neonate	720 Vaginal Delivery
414 Premature/False Labor	118 Sub Acute - Custodial Care
	117 Sub Acute - Nursing Facility

**BEHAVIORAL HEALTH**  
524 BH Acute (Including Sub Acute)  
525 BH BHIF-RTC

**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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