



home state health. PRIOR AUTHORIZATION FORM

Standard requests - Determination within 36 hours or up to 14 days if necessary to receive all pertinent clinical information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 24 hours to avoid complications and unnecessary suffering or severe pain.

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION OR DENIAL.

Urgent requests must be signed by the requesting physician to receive priority.

X

*Indicates Required Field

MEMBER INFORMATION

*Date of Birth

*Medicaid/Member ID

Last Name, First

(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

Additional Procedure Code

*Start Date OR Admission Date

*Diagnosis Code

(CPT/HCPCS) (Modifier)

(CPT/HCPCS) (Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

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

Additional Diagnosis Code

(CPT/HCPCS) (Modifier)

(CPT/HCPCS) (Modifier)

(MMDDYYYY)

(ICD-10)

*INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

Delivery

- 779 C-Section
720 Vaginal Delivery

929 Hospice Inpatient

Inpatient Rehab

- 479 Inpatient Hospital
220 Comprehensive Inpatient Rehab Facility

121 Long Term Acute Care

- 920 Medical
414 Premature/False Labor
402 Skilled Nursing Facility
492 Sub-Acute
411 Surgical

Transplant

- 209 Surgery
419 Work-up

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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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