

# INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

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

**Urgent requests** - Please Call 1-855-286-1811. \*Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

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

**\*INPATIENT SERVICE TYPE**

(Enter the Service type number in the boxes)

- |   |                                  |
|---|----------------------------------|
| 490 Boarder Baby                                    | 209 Transplant Surgery           |
| 220 Comprehensive Inpatient Rehab Facility          | 720 Vaginal Delivery             |
| 779 C-Section                                       | 117 Sub-Acute - Nursing Facility |
| 479 Inpatient Rehab Hospital                        |                                  |
| 119 Long Term Acute Care - Inpatient Hospital       |                                  |
| 285 Long Term Acute Care - Nursing Home             |                                  |
| 122 Long Term Acute Care - Skilled Nursing Facility |                                  |
| 970 Medical   |                                  |
| 300 Neonate   |                                  |
| 414 Premature/False Labor                           |                                  |
| 402 Skilled Nursing Facility                        |                                  |
| 118 Sub-Acute - Custodial Care Facility             |                                  |

**Behavioral Health**

- 535 BH Residential Treatment - Substance Use
- 536 BH Residential Treatment - Mental Health
- 531 BH Eating Disorders
- 529 BH Psychiatric Admission
- 528 BH Chemical Substance Abuse

**Psychiatric Residential Treatment Facility (PRTF)**

SMHK will cover services rendered by a PRTF - A facility or distinct part of a facility, for psychiatric care, which provides a 24-hour therapeutically planned and professionally staffed group living and learning environment.

**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 OR DENIAL.**

**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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