

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

Form fields for Member Information: \*Medicaid/Member ID, Last Name, First, \*Date of Birth (MMDDYYYY)

REQUESTING PROVIDER INFORMATION

Form fields for Requesting Provider Information: \*Requesting NPI, \*Requesting TIN, Requesting Provider Contact Name, Requesting Provider Name, Phone, \*Fax

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

Form fields for Servicing Provider / Facility Information: \*Servicing NPI, \*Servicing TIN, Servicing Provider Contact Name, Servicing Provider/Facility Name, Phone, Fax

AUTHORIZATION REQUEST

Form fields for Authorization Request: \*Primary Procedure Code, Additional Procedure Code, \*Start Date OR Admission Date, \*Diagnosis Code, Additional Procedure Code, Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity, Additional Diagnosis Code

\*INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

- 490 Boarder Baby, 220 Comprehensive Inpatient Rehab Facility, 779 C-Section, 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, 117 Sub-Acute - Nursing Facility, 411 Surgical, 209 Transplant Surgery, 720 Vaginal Delivery, Behavioral Health, 529 BH Psychiatric Admission, 528 BH Chemical Substance Abuse

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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