



home state health™

INPATIENT MEDICAID

Complete and **Fax** to: 1-866-390-2739
Behavioral Health **Fax** to: 1-833-405-3826

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.

X

Urgent requests must be signed by the requesting 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

Additional Procedure Code

*Start Date OR Admission Date

*Diagnosis Code

Additional Procedure 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

528-BH Chemical Substance Abuse
529-BH Psychiatric Admission

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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