

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.

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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

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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