

# INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

**Standard Requests** - Determination within 2 business days of receipt of all information necessary to complete request.

**Urgent Requests** - Determination within 1 business day of receipt of all information necessary to complete request.

**\*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  
  
 (CPT/HCPCS) (Modifier)

Additional Procedure Code  
  
 (CPT/HCPCS) (Modifier)

\*Start Date OR Admission Date  
  
 (MMDDYYYY)

\*Diagnosis Code  
  
 (ICD-10)

Additional Procedure Code  
  
 (CPT/HCPCS) (Modifier)

Additional Procedure Code  
  
 (CPT/HCPCS) (Modifier)

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

Additional Diagnosis Code  
  
 (ICD-10)

**\*INPATIENT SERVICE TYPE** (Enter the Service type number in the boxes)

- 779 C-Section Delivery
- 970 Medical
- 904 Nursing Facility (Residential/Custodial Care)
- 414 Premature/False Labor
- 427 Rehab
- 402 Skilled Nursing Facility
- 492 Subacute
- 411 Surgical
- 992 Transplant
- 720 Vaginal Delivery

- Behavioral Health**
- 535 BH Residential Treatment - Substance Use
  - 536 BH Residential Treatment - Mental Health
  - 528 BH Chemical Substance Abuse
  - 532 BH Crisis Stabilization Unit
  - 531 BH Eating Disorders
  - 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.**

**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.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

