

INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Standard requests - Determination within 14 calendar days of receipt of request.

Expedited requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

***Indicates Required Field**

MEMBER INFORMATION

*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
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)
Additional Procedure Code	Additional Procedure Code	Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity	Additional Diagnosis Code
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)

*INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

220 Comprehensive Inpatient Rehab Facility	414 Premature/False Labor
779 C-Section	402 Skilled Nursing
479 Inpatient Rehab-Hospital	411 Surgical
970 Medical	209 Transplant Surgery
904 Nursing Facility (Residential/Custodial Care)	720 Vaginal Delivery

**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.

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