INPATIENT MEDICAID
PRIOR AUTHORIZATION FAX FORM

Complete and Fax to:
(888) 453-4316

☐ Standard Request - Determination within 24 hours of receiving all necessary information.

☐ Urgent Request - I certify this request is urgent to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function, within 24 hours.

X

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

***** ***INDICATES REQUIRED FIELD***

MEMBER INFORMATION

Member ID/Medicaid 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)

Start Date *OR* Admission Date *
(MMDDYYYY)

Diagnosis Code *
(ICD-10)

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)*

121	Long Term Acute Care
970	Medical
904	Nursing Facility (Residential/Custodial Care)
414	Premature/False Labor
402	Skilled Nursing Facility
492	Sub-Acute
411	Surgical

Transplant

209	Surgery
419	Work-up

Delivery

779	C-Section
720	Vaginal Delivery

Inpatient Rehab

479	Inpatient Hospital
220	Comprehensive Inpatient Rehab Facility

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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