

INPATIENT MEDICAID PRIOR AUTHORIZATION FAX FORM

Complete and Fax to:
(888) 453-4316
Fax Behavioral Health to:
844-824-7705

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.

**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)

- 490 Boarder Baby
- 779 C-Section Delivery
- 479 Inpatient Rehab - Hospital
- 121 Long Term Acute Care
- 970 Medical
- 300 Neonate
- 414 Premature/False Labor
- 402 Skilled Nursing Facility

- 492 Sub-Acute
- 411 Surgical
- 209 Transplant Surgery
- 720 Vaginal Delivery

BEHAVIORAL HEALTH

- 512 BH community Based Services
- 528 BH Chemical Substance Abuse
- 531 BH Eating Disorders
- 529 BH Psychiatric Admission
- 526 BH RTC-CD
- 527 BH RTC-MH

**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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