

INPATIENT MEDICAID AUTHORIZATION FORM

For Standard/Urgent Requests **Fax** to: 1-844-774-2363

For Concurrent Review **Fax** to: 1-844-845-5086

Behavioral Health Requests: **Fax** to: 1-833-493-3345

- Standard requests** - Determination made as expeditiously as the member's health condition requires, but no later than 14 calendar days after receipt of request.
- Urgent requests** - Determination made as expeditiously as the member's health condition requires, but no later than 3 business days after receipt of request.
- Concurrent review** - Determination made as expeditiously as the member's health condition requires, but no later than 24 hours after receipt of 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)

Miscellaneous

- 490 Boarder Baby
- 300 Neonate
- 414 Premature/False Labor
- 970 Medical
- 411 Surgical
- 402 Skilled Nursing
- 992 Transplant

Delivery

- 779 C-Section Delivery
- 720 Vaginal Delivery

Rehab

- 479 Inpatient Rehab - Hospital
- 220 Comprehensive Inpatient Rehab Facility

Behavioral Health

- 528-BH-Chemical Substance Abuse
- 529-BH-Psychiatric Admission
- 531-BH-Eating Disorders
- 532-BH-Crisis Stabilization Unit
- 535-BH-Residential Treatment-Substance Abuse
- 536-BH-Residential Treatment-Mental Health

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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