



# INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Complete and **Fax** to: 1-866-796-0526  
BH **Fax** to: 1-855-407-5688

☐ **Standard requests** - Determination within 7 calendar days of receipt of request.

☐ **Urgent requests** - Please call 1-844-477-8313. \*Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

**\*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)

490 Boarder Baby  
779 C-Section  
970 Medical  
300 Neonate  
904 Nursing Facility  
414 Premature / False Labor  
420 Rehab

402 Skilled Nursing Facility  
492 Subacute  
411 Surgical  
992 Transplant  
720 Vaginal Delivery

### Behavioral Health

525 BH BHIF-RTC  
535 BH Residential Treatment - Substance Use  
536 BH Residential Treatment - Mental Health  
528 BH Chemical Substance Abuse  
532 BH Crisis Stabilization Unit  
538 BH Detox  
531 BH Eating Disorders  
529 BH Psychiatric Admission  
537 BH SIPP

**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.

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