



# INPATIENT MEDICAID Prior Authorization Fax Form

Complete and Fax to: 1-866-796-0526

This is a standard authorization request that may take up to 7 calendar days to process. **If this is an expedited request, please contact us at 1-866-796-0530.**  
If this is a Medicare Request, please fax to 877-617-0394.

\* 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

ICD-10

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)

**INPATIENT SERVICE TYPE \*** (Enter the Service type number in the boxes)

### Delivery

779 C-Section  
720 Vaginal Delivery

### Inpatient Rehab

479 Inpatient Hospital  
220 Comprehensive Inpatient  
Rehab Facility

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

### Transplant

209 Surgery  
419 Work-up

**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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