



# 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)

<b>Delivery</b>	970 Medical
779 C-Section	904 Nursing Facility (Residential/ Custodial Care)
720 Vaginal Delivery	402 Skilled Nursing Facility
	414 Premature/False Labor
<b>Inpatient Rehab</b>	492 Sub-Acute
479 Inpatient Hospital	411 Surgical
220 Comprehensive Inpatient Rehab Facility	
	<b>Transplant</b>
	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.