



INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

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

BH Fax to: 1-855-407-5688

LTC Fax to 1-844-416-8319

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.

Select PDAC Drug

*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

Long Term Care

- 101 Custodial Long Term Days*
- *PASRR required for LTC
- 185 Hospital Leave Days
- 182 Home Therapeutic Leave Days

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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