INPATIENT MEDICAID AUTHORIZATION FORM

Complete and **Fax** to: 877-650-6942
Fax Medical Records to: 866-683-5632
Behavioral Health Requests/Medical Records:
Fax 800-732-7562

Coordination of Care ☐

***Indicates Required Field**

MEMBER INFORMATION

*Date of Birth (MMDDYYYY)

*Medicaid/Member ID

*Last Name, First

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)** (MMDDYYYY)

Additional Diagnosis Code (ICD-10)

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

☐ Check Box for Inpatient Elective Service

490 Boarder Baby
779 C-Section
970 Medical
300 Neonate
414 Premature/False Labor
427 Rehab
492 Sub-Acute
411 Surgical
992 Transplant
720 Vaginal Delivery

BEHAVIORAL HEALTH

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

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.