



# INPATIENT MEDICAID AUTHORIZATION FORM

Complete and **Fax** to: 877-650-6942  
Fax Medical Records to: 866-683-5632  
Behavioral Health Requests/Medical Records:  
Fax 866-900-6918

## Coordination of Care

**\*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 Additional Procedure Code \*Start Date OR Admission Date \*Diagnosis Code  
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)  
Additional Procedure Code Additional Procedure Code Discharge Date (if applicable) Additional Diagnosis Code  
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (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.

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