INPATIENT MEDICAID AUTHORIZATION FORM

For Standard/Urgent Requests Fax to: 1-844-774-2363
For Concurrent Review Fax to: 1-844-845-5086

☐ **Standard requests -** Determination made as expeditiously as the member's health condition requires, but no later than 14 calendar days after receipt of request.

☐ **Urgent requests -** Determination made as expeditiously as the member's health condition requires, but no later than 3 business days after receipt of request.

☐ **Concurrent review -** Determination made as expeditiously as the member's health condition requires, but no later than 24 hours after receipt of request.

***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) 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
300 Neonate
414 Premature/False Labor
970 Medical
411 Surgical
402 Skilled Nursing

Delivery

779 C-Section Delivery
720 Vaginal Delivery

Transplant

209 Transplant Surgery
419 Transplant Workup

Rehab

479 Inpatient Rehab - Hospital
220 Comprehensive Inpatient Rehab Facility

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.

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