

AUTHORIZATION FORM Behavioral Health Requests: Fax to: 1-833-493-3345

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

Standard requests - Determin	nation made as expeditiously as the	member's health cond	dition requires, but no	later than 14 cal	lendar days after receipt of request	
Urgent requests - Determinati	ion made as expeditiously as the me	ember's health condition	on requires, but no lat	ter than 3 busine	ess days after receipt of request.	
Concurrent review - Determin	nation made as expeditiously as the	member's health conc	dition requires, but no	later than 24 ho	urs after receipt of request.	
*Indicates Required Field						
MEMBER INFORMATION		Date of	Birth *			
_		(MMDE		YYYY)		
Medicaid/Member ID*		Last Name, First	(ММИ	· · · · · · · · · · · · · · · · · · ·		
REQUESTING PROVIDER INF	ORMATION					
Requesting NPI *	Requesting TIN *		Requesting Provider	Contact Name		
Requesting Provider Name		Phone		Fax*		
SERVICING PROVIDER / FAC	CILITY INFORMATION					
Same as Requesting Provid						
Servicing NPI*	cing NPI * Servicing TIN * Se		Servicing Provider Co	ervicing Provider Contact Name		
Servicing Provider/Facility Name		Phone		Fax		
AUTHORIZATION REQUEST						
Primary Procedure Code *	Additional Procedure Code	Start Date C	OR Admission Date *		Diagnosis Code *	
Filliary Flocedure Code	Additional Flocedure Code		A / Admission Bace		Diagnosis code	
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifie	er) (MMDDYYYY)			(ICD-10)	
Additional Procedure Code	Additional Procedure Code	Discharge Da Length of Sta	ate (if applicable) oth y will be based on Med	herwise dical Necessity	Additional Diagnosis Code	
				j		
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifie	er) (MMDDYYYY)			(ICD-10)	
INPATIENT SERVICE TYPE	(Enter the Service t	type number in the b	novael			
INFAILMI SERVICE I I FE	(Effect the service t	type number in the t	Jokesy			
Missellansons						
Miscellaneous 490 Boarder Baby		hab '9 Inpatient Rehab - Ho		Behavioral 528-BH-Chemic	Health cal Substance Abuse	
300 Neonate		atient Rehab Facility	599-RH-Peyichiafric Admiceion			
414 Premature/False Labor 970 Medical						
411 Surgical						
402 Skilled Nursing						
992 Transplant						

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.