



# INPATIENT AUTHORIZATION FORM

Complete and Fax to: 1-844-560-0799

**Standard requests** - Determination within 14 calendar days of receiving all necessary information.

**Urgent requests** - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

\* Indicates Required Field

## MEMBER INFORMATION

\*Date of Birth

\*Medicaid/Member ID

Last Name, First

(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) otherwise Length of Stay will be based on Medical Necessity

Additional Diagnosis Code

(CPT/HCPCS) (Modifier)

(CPT/HCPCS) (Modifier)

(MMDDYYYY)

(ICD-10)

## \*INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

### Delivery

779 C-Section Delivery  
720 Vaginal Delivery

### Rehab

427 Rehab

### Transplant

477 Transplant Admission

### Miscellaneous

121 Long Term Acute Care  
970 Medical  
414 Premature/False Labor  
402 Skilled Nursing Facility  
411 Surgical  
490 Boarder Baby  
300 Neonate

### Behavioral Health

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

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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