

INPATIENT MEDICAID AUTHORIZATION FAX FORM

- Concurrent: (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits) - Determination within 24 hours of receipt of all necessary information.
- Urgent Request - 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.
- Standard Request: only for elective inpatient procedure with 10 days TAT.

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

*** INDICATES REQUIRED FIELD**

MEMBER INFORMATION

Member ID/Medicaid 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 Start Date OR Admission Date * Diagnosis Code *
(CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-9/ICD-10)

Additional Procedure Code Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity
(CPT/HCPCS) (Modifier) (MMDDYYYY)

INPATIENT SERVICE TYPE *		<i>(Enter the Service type number in the boxes)</i> <input type="text"/>
479 Acute Rehab	904 Nursing Facility (Residential/Custodial Care)	Observation Stays do not require Authorization.
Delivery	414 Premature/False Labor	
779 C-Section	402 Skilled Nursing Facility	
720 Vaginal Delivery	492 Sub-Acute	
	411 Surgical	
929 Hospice Inpatient	Transplant	
970 Inpatient Medical	209 Surgery	
121 LTAC (Long Term Acute Care Hospital)	419 Work-up	

**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.**