

INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Complete and **Fax** to: 1-866-532-8834

Behavioral **Fax** to: 1-844-263-1379

Neonate **Fax** to: 1-866-532-8850

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Elective Request

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Urgent Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 hours to avoid complications and unnecessary suffering or severe pain.

***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

(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
779 C-Section
970 Medical
300 Neonate
121 Long Term Acute Care
427 Rehab

402 Skilled Nursing Facility
411 Surgical
720 Vaginal Delivery
992 Transplant

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-Res 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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