

INPATIENT AUTHORIZATION FORM

Complete and **Fax** to: Medical: 833-913-2988 Behavioral Health: 833-913-2994

Urgent requests - I certify this reque avoid complications and unnecessary	est is urgent and medically necessa suffering or severe pain.	ary to treat an injury illness or			
	Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 24 hours to avoid complications and unnecessary suffering or severe pain.				
X		PUESTS MUST BE SIGNED BY T O RECEIVE PRIORITY	HE	_	
*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	Pho	ne	*Fax		
SERVICING PROVIDER / FACILITY INFORMATION Same as Requesting Provider					
*Servicing NPI *Servicing TIN Servicing Pro			rovider Contact Name		
Servicing Provider/Facility Name Phone Fax					
AUTHORIZATION REQUEST					
*Primary Procedure Code	ditional Procedure Code	*Start Date OR Admission	n Date	*Diagnosis Code	
	/HCPCS) (Modifier)	(MMDDYYYY)		(ICD-10)	
Additional Procedure Code Add	ditional Procedure Code	Discharge Date (if applic Length of Stay will be base		Additional Diagnosis Code	
	/HCPCS) (Modifier)	(MMDDYYYY)	d of modela Necessity	(ICD-10)	
*INPATIENT SERVICE TYPE (Enter the Service type number in the boxes)					
779 C-Se 121 Long 970 Med 300 Neor 414 Pren 427 Reha 402 Skille 411 Surg 992 Tran-	nate nature/False Labor ab ed Nursing Facility	Behavioral Health 535 BH Residential Treatm 536 BH Residential Treatm 528 BH Chemical Substan 532 BH Crisis Stabilization 531 BH Eating Disorders 529 BH Psychiatric Admiss	nent - Mental Health ce Abuse Unit		

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.