



INPATIENT AUTHORIZATION FORM

Complete and **Fax** to: 866-838-7615
Fax Medical Records to: 800-380-6650
Behavioral Health Requests/Medical Records:
Fax 844-824-9016

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY



*** 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
Additional Diagnosis Code
(ICD-10)

*INPATIENT SERVICE TYPE

*(Enter the Service type number in the boxes)

Check Box for Inpatient Elective Service

- | | |
|---------------------------|------------------------------|
| 490 Boarder Baby | 427 Rehab |
| 779 C-Section Delivery | 402 Skilled Nursing Facility |
| 121 Long Term Acute Care | 411 Surgical |
| 970 Medical | 992 Transplant |
| 300 Neonate | 720 Vaginal Delivery |
| 414 Premature/False Labor | |

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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