



# 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

		*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

<b>*Primary</b> Procedure Code	<b>Additional</b> Procedure Code	<b>*Start Date OR</b> Admission Date	<b>*Diagnosis Code</b>
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)
<b>Additional</b> Procedure Code	<b>Additional</b> Procedure Code	<b>Discharge Date (if applicable)</b> otherwise Length of Stay will be based on Medical Necessity	<b>Additional Diagnosis Code</b>
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(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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