

INPATIENT PRIOR AUTHORIZATION FORM

This form to be used during Availity downtime only. For physical and behavioral health requests, please utilize the Availity portal (<https://www.availity.com/essentials>)

Standard Requests - Determination within 72 hours of receipt of request--Used for Scheduled Admissions.

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.

***Indicates Required Field**

MEMBER INFORMATION

*Medicaid/Member ID	Last Name, First	*Date of Birth (MMDDYYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

REQUESTING PROVIDER INFORMATION

*Requesting NPI	*Requesting TIN	Requesting Provider Contact Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Requesting Provider Name	Phone	*Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

*Servicing NPI	*Servicing TIN	Servicing Provider Contact Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Servicing Provider/Facility Name	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZATION REQUEST

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

***INPATIENT SERVICE TYPE** (Enter the Service type number in the boxes)

779 C-Section Delivery 121 Long Term Acute Care 970 Medical 300 Neonate 414 Premature/False Labor	427 Rehab 402 Skilled Nursing Facility 411 Surgical 992 Transplant 720 Vaginal Delivery 490 Boarder Baby	Behavioral Health
		528 BH Chemical Substance Abuse 529 BH Psychiatric Admission (IP) 535 BH Residential Treatment - Substance Use

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.

