NextLevelHealth
A healthier you. A healthier community.

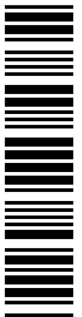
INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

Complete and **Fax** to: 1-844-776-1664

Standard requests - Determination within 4 calendar days from receipt of all necessary information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness of condition (not life threatening) within 48 hours (2 calendar days) 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
- 479 Inpatient Rehab Hospital
- 119 Long Term Acute Care - Inpatient Hospital
- 285 Long Term Acute Care - Nursing Home
- 122 Long Term Acute Care - Skilled Nursing Facility
- 970 Medical
- 300 Neonate
- 414 Premature/False Labor
- 402 Skilled Nursing Facility
- 118 Sub-Acute - Custodial Care Facility
- 117 Sub-Acute - Nursing Home
- 411 Surgical
- 209 Transplant Surgery
- 720 Vaginal Delivery

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.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.