



INPATIENT MEDICAID AUTHORIZATION FORM

Complete and **Fax** to: 877-650-6942
Fax Medical Records to: 866-683-5632
Behavioral Health Requests/Medical Records:
Fax 800-732-7562

Coordination of Care

***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) (MMDDYYYY)	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
779	C-Section
970	Medical
300	Neonate
414	Premature/False Labor
427	Rehab
492	Sub-Acute
411	Surgical
992	Transplant
720	Vaginal Delivery

BEHAVIORAL HEALTH

535	BH Residential Treatment - Substance Use
536	BH Residential Treatment - Mental Health
528	BH Chemical Substance Abuse
532	BH Crisis Stabilization Unit
531	BH Eating Disorders
529	BH Psychiatric Admission

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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