



INPATIENT MEDICAID PRIOR AUTHORIZATION FORM



Standard Request - Determination within 14 calendar days of receiving all necessary information.

Urgent Request - Expedited request necessary to treat an injury, illness or condition that could seriously jeopardize the life or health of the member, or member's ability to regain maximum function. *Authorization decision will be done within 72 hours of receipt of request. 42 CFR §438.21*

*If Concurrent Request, write Authorization #

*** Indicates Required Field**

MEMBER INFORMATION

*Medicaid/Member ID Last Name, First *Date of Birth
(MMDDYYYY)

REQUESTING PROVIDER INFORMATION Address Required on Supplemental Form

*Requesting NPI *Requesting TIN Requesting Provider Contact Name
Requesting Provider Name Phone *Fax

SERVICING PROVIDER / FACILITY INFORMATION Address Required on Supplemental Form

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)

<p>Amerigroup Physical Health UM Fax: 800-964-3627 Behavioral Health Fax: 877-434-7578</p> <p>Provider Website: https://provider.amerigroup.com/iowa-provider/home</p> <p>Precertification Lookup Tool (PLUTO): https://provider.amerigroup.com/iowa-provider/resources/prior-authorization-requirements/prior-authorization-lookup</p> <p>Availity Login: https://apps.availity.com/availity/web/public.elegant.login</p> <p>Contact Amerigroup (Providers): https://provider.amerigroup.com/iowa-provider/contact-us</p>	<p>Iowa Total Care (Enter the Service type number in the boxes) <input style="width: 50px; height: 20px;" type="text"/></p> <p>Behavioral Health - Fax #: 844-908-1169 528 BH Chemical Substance Abuse 529 BH Psychiatric Admission 527 BH RTC-MH (Psychiatric Medical Institution for Children, PMIC)</p>	<p>Physical Health - Fax #: 833-257-8327 490 Boarder Baby 779 C-Section Delivery 121 Long Term Acute Care 970 Medical 300 Neonate 414 Premature/False Labor</p> <p>427 Rehab 402 Skilled Nursing Facility 492 Subacute 411 Surgical 720 Vaginal Delivery 992 Transplant</p>
<p>Molina HealthCare</p> <p>Availity Portal: https://apps.availity.com/availity/web/public.elegant.login</p>		<p>UM Fax #: 1-319-774-1295 Member Services Toll Free: 1-844-236-0894 Provider Toll Free Number: 1-844-236-1464</p>

Please mark if including clinical information with the request **Fee for Service:** <https://dhs.iowa.gov/ime/providers/claims-and-billing/PA>

**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.