

YOUTHCARE INPATIENT PRIOR AUTHORIZATION

Standard Requests: **Fax** 844-989-0154
Behavioral Health Requests: **Fax** 833-387-3173
Transplant Requests: **Fax** 833-769-1145

- Concurrent** - (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits) - Determination within 24 hours of receipt of all necessary information.
- Urgent** - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.
- Standard** - Only for elective inpatient procedures with 14 days notice.

URGENT REQUESTS MUST BE SIGNED BY THE
REQUESTING PHYSICIAN TO RECEIVE PRIORITY.



*** 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	Behavioral Health
779 C-Section Delivery	532 BH Crisis Stabilization Unit
121 Long Term Acute Care	531 BH Eating Disorders
970 Medical	529 BH Psychiatric Admission
300 Neonate	
414 Premature/False Labor	
427 Rehab	
402 Skilled Nursing Facility	
492 Subacute	
411 Surgical	
992 Transplant	
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.

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