

YOUTHCARE INPATIENT PRIOR AUTHORIZATION

FAX: (844) 989-0154

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 *Start Date OR Admission Date *Diagnosis Code

(CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)

Additional Procedure Code Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity

(CPT/HCPCS) (Modifier) (MMDDYYYY)

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

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| <ul style="list-style-type: none"> 490 Boarder Baby 779 C-Section Delivery 121 Long Term Acute Care 970 Medical 300 Neonate 414 Premature/False Labor 427 Rehab 402 Skilled Nursing Facility 492 Subacute 411 Surgical 992 Transplant 720 Vaginal Delivery | <p>Behavioral Health</p> <ul style="list-style-type: none"> 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 |
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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.