

INPATIENT MEDICAID PRIOR AUTHORIZATION FORM

☐ Standard Request

☐ **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. **42 CFR §438.210**

*If Concurrent Request, write Authorization #

* Indicates Required Field

MEMBER INFORMATION

*Medicaid 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

☐ Additional codes will be provided on Supplemental Information Form

*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)

Amerigroup

Physical Health UM Fax: **800-964-3627**

Behavioral Health Fax: **877-434-7578**

Provider Website:

<https://provider.amerigroup.com/iowa-provider/home>

Precertification Lookup Tool (PLUTO): <https://provider.amerigroup.com/iowa-provider/resources/prior-authorization-requirements/prior-authorization-lookup>

Availity Login:

<https://apps.availity.com/availability/web/public.elegant.login>

Contact Amerigroup (Providers):

<https://provider.amerigroup.com/iowa-provider/contact-us>

Iowa Total Care

(Enter the Service type number in the boxes)

Behavioral Health - Fax #: **844-908-1169**

528 Chemical Substance Abuse

529 Psychiatric Admission

527 RTC-MH (PMIC)

Iowa Total Care Portal: <https://provider.iowatotalcare.com>

Molina HealthCare

Availity portal:

<https://apps.availity.com/availability/web/public.elegant.login>

Physical Health - Fax #: **833-257-8327**

720 Vaginal Delivery

121 Long Term Acute Care

970 Medical

300 Neonate

414 Premature/False Labor

427 Rehab

402 Skilled Nursing Facility

411 Surgical

770 C-Section Delivery

UM Fax #: **1-319-774-1295**

Member Services Toll Free: **1-844-236-0894**

Provider Toll Free Number: **1-844-236-1464**

☐ Please mark if including clinical information with the request

Medicaid Fee for Service: Fax # **515-725-1356**

more information: <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.

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