



# Prior Authorization Request

Clinical information and supportive documentation should consist of current physician order, notes and recent diagnostics. **Notification is required for any date of service change.**

Date:	Requesting Provider:		
NPI:	TIN:		
Contact Name:	Phone:	Fax:	

## Type of Request

Urgent (*Urgent is defined as 'significant impact to health of member'*)  
 Non-Urgent     Pre-Service     Post-Service (Retro)     Concurrent     Emergent

## Member Information

Member Name:	Medicaid ID:	Fidelis Care ID:	
Address:	City:	State:	ZIP Code:
Date of Birth:	Is the member pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Member's PCP:	Phone:	NPI:	

## Treating/Service Provider Information Same as Requesting Provider

Provider Name:	Fidelis Care ID:	NPI:	Tax ID:
Address:	City:	State:	ZIP Code:
Are any supporting documents included? <input type="checkbox"/> Yes <input type="checkbox"/> No    Number of documents: _____	Phone:	Fax:	

## Treating/Service Provider Information Same as Requesting Provider

Provider Name:	Fidelis Care ID:	NPI:	Tax ID:
Address:	City:	State:	ZIP Code:
Are any supporting documents included? <input type="checkbox"/> Yes <input type="checkbox"/> No    Number of documents: _____	Phone:	Fax:	

## Facility/Ancillary Information Same as Requesting Provider

Facility/Ancillary Name:	Fidelis Care ID:	NPI:	Tax ID:
Address:	City:	State:	ZIP Code:
Are any supporting documents included? <input type="checkbox"/> Yes <input type="checkbox"/> No    Number of documents: _____	Phone:	Fax:	

(continued)

## Type of Service

### BEHAVIORAL HEALTH SERVICES

Behavioral Health – Inpatient   
  Behavioral Health – Detox   
  Acute Partial Hospitalization   
  Partial Hospitalization  
 Behavioral Health – Partial Care   
  Behavioral Health – Routine Outpatient   
  Behavioral Health – AMHR Rehabilitation  
 (Group Home)   
 Behavioral Health – ECT   
 Behavioral Health – TMS   
 **Other:** \_\_\_\_\_

### MEDICAL SERVICES

DME Purchase   
 DME Rental   
 Home Health   
 Inpatient Admission   
 Inpatient Rehab   
 LTACH  
 Skilled Therapy (PT/OT/ST)   
 SNF   
 Surgery   
 Outpatient   
 Surgery – Pre-Planned Inpatient  
 **Other:** \_\_\_\_\_

### TRANSPORTATION

Air   
 Land   
 Mileage: \_\_\_\_\_   
 Trips: \_\_\_\_\_   
 O2 Needed:  Yes   
 No

Pick Up Address (Street, City, State, ZIP Code):

Drop Off Address (Street, City, State, ZIP Code):

## Place of Service

11 – Office   
 12 – Home   
 21 – Inpatient   
 22 – Outpatient   
 24 – Ambulatory Surgery Center  
 41 – Land Ambulance   
 41 – Air Ambulance   
 51 – Inpatient Psychiatric Hospital  
 53 – Community Mental Health Center   
 **Other:** \_\_\_\_\_

## Clinical Information

*Request MUST include medical documentation to be reviewed for medical necessity.*

ICD-10:		ICD-10:	ICD-10:	ICD-10:
Dates of Service		Procedure/Service Codes	Description	Requested Units/Visits/Days (please specify)
Start	Projected End Date			

## Fidelis Care Medicaid Prior Authorization Phone Numbers

**Expedited Requests:** If the standard time for making a determination could seriously jeopardize the life and/or health of the member or the member’s ability to regain maximum function, please call **1-888-453-2534**.

Department	Phone	Fax
All Medical	1-888-453-2534	Inpatient: 1-888-339-6339   Outpatient: 1-888-342-6548
Behavioral Health	1-888-453-2534	Inpatient: 1-855-703-8082   Outpatient: 1-888-339-2677