



Medicaid Care Coordination Plans Prior Authorization Form Instruction Sheet

Section 1. Patient Demographic Information – Enter identifying patient demographic information in this section.

Section 2. Coordination of Benefits Information – If the patient has another insurance carrier, please identify the name of the company.

Section 3. Referral Service Type – Type of service that is being requested. (Please refer to the individual managed care plan's prior authorization list to determine the services that require authorization). For home health care, utilize the Prior Authorization Form for Home Health Care Services. The Nursing Facility Stay Form is available for NF authorizations.

Section 4. Requesting Provider Information – Please complete the identifying information for the requesting provider.

Section 5. Referred to Provider/Facility – Please complete all identifying information for the provider or facility that will provide the service(s) being requested.

Section 6. Service Requested – Identify the date that the service will be provided along with primary diagnosis, procedure codes, number of visit(s) and duration of service(s). Also, pertinent clinical indications should be included in this section. You may forward additional clinical information by attaching separate documentation if the space available is not sufficient.

Section 7. Plan Administrative Use Only – Please do not document in this section.