Prior Authorization Request Form

Acute, Residential, RSPD

Provider Information			
Date Submitted:		Initial • Concurrent •	
Facility Name:		Admitting /Referring Provider	
Facility NPI:		Admitting/Referring NPI:	
Tax ID (TIN):		Facility Address:	

Institutional 170 Mental Disease IMD

Member Name:		Date of Birth :	
CareSource PASSE ID#:		Medicaid ID:	
ICD-10 Diagnosis Code (s):		Diagnosis Description:	

Guardianship: Yes • No

• Acute Psych Inpatient Authorization Guidelines: varies considering MCG criteria, clinical and social factors.	• Psychiatric Residential Facility Authorization Guidelines: 30-day authorization periods; after 180 days 14-day authorizations	• Rehabilitative Services for Persons with Physical Disabilities