MARYLAND physicians care
MANAGED CARE ORGANIZATION

Complete and **Fax** to: 1-800-953-8856

INPATIENT AUTHORIZATION / NOTIFICATION FORM

Turnaround Time for ALL Prior Authorization Requests: 2 Business days when all information is received and 14 calendar days per COMAR when additional information is required. If you feel that your request is of an urgent nature, please submit your request via phone. All other request should go through via the fax number above. You must verify prior authorization requirements via the tool on our secure provider web portal, accessible via our website, at www.marylandphysicianscare.com to verify PA requirements before submitting the PA request. You can also submit prior authorization requests via this secure provider web portal.

***Indicates Required Field**

MEMBER INFORMATION

*Date of Birth (MMDDYYYY)

*Medicaid/Member ID

*Last Name, First

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 (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)

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

220 Comprehensive Inpatient Rehab Facility
779 C-Section Delivery
479 Inpatient Rehab Hospital
970 Medical
300 Neonate
414 Premature/False Labor
402 Skilled Nursing Facility
411 Surgical
209 Transplant Surgery
720 Vaginal Delivery

Please see Outpatient Prior Authorization form for observation request.

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.

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