

## Prior Authorization Request Form for Post-Acute Inpatient Admission (SNF, LTACH, Acute Rehab)

Medica Central Health Plan requires that providers obtain prior authorization before rendering services. If any items on the Medica Central Health Plan Prior Authorization list are submitted for payment without obtaining a prior authorization, the related claim or claims will be denied as provider liability.

Please note that written documentation from the medical record supporting the stay must be submitted for all requests. Failure to do so may result in a delay of the decision.

Submission of this completed form certifies that the information is true and accurate. All fields are required for processing your request.

Patient Information	
Today's Date	Patient DOB    Month/Day/Year
Patient Name	Patient Phone Number (Area Code + Number)
Patient's ID Number Group:	Policy:
Prior Authorization Information	
Facility Name	Facility Address
Admissions Contact/Telephone Number	City                      State                      Zip
Facility Fax Number	Facility Tax ID Number (TIN)
UR Contact Name/Phone Number for Clinical Updates	
Service Requested Check One: <input type="checkbox"/> SNF <input type="checkbox"/> LTACH <input type="checkbox"/> Acute Rehab	Inpatient Hospital Stay Dates:
Diagnosis/ICD-10 Code(s) **must be a billable code	
Proposed Admission Date	
Number of Visits or Days	
<b><i>Please include clinical information for review: History &amp; Physical (H&amp;P), Orders to admit, PT/OT Evaluation</i></b>	
Ordering Provider Information	
Provider Name	Clinic Name
Federal Tax ID	Address
NPI Number	City                      State                      Zip
Telephone Number	Fax Number

Submit form by:

- Fax: 952-992-1428 or email [postacute@medica.com](mailto:postacute@medica.com)
- U.S. Mail to Medica, Utilization Management, PO Box 9310, CP440, Minneapolis, MN 55440