Mountain-Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
(406) 457-3060 (Local) (800) 262-1545 (Toll-free)
(406) 513-1922 (Local Fax) (877) 428-0684 (Long-Distance Fax)

Montana Medicaid
Out-of-State Acute Inpatient Hospital Prior Authorization Request

Please type or print clearly. To facilitate prompt and accurate processing, the information below must be complete and all supporting clinical documentation related to this request must be submitted with this form.

☐ **NEW ADMISSION** ☐ **CONTINUED STAY Case Reference #:________________**

(for CS Reviews, please skip to Member Information section)

REQUEST TYPE: (for new admissions only)

☐ **URGENT ADMISSION: FAX THIS FORM AND CLINICALS **WITHIN 3 BUSINESS DAYS OF ADMIT****
☐ **SCHEDULED ADMISSION: FAX FORM AND CLINICALS **MUST BE AUTHORIZED PRIOR TO ADMIT****

☐ Out of State (Check all that apply)
☐ Rehabilitation
☐ Transplant
☐ Inpatient
☐ Inpatient - Adult Behavioral Health

☐ Retro Review (Please also select one below)
☐ Patient retro eligible for MT Medicaid
☐ Facility retro eligible for MT Medicaid
☐ Facility not informed about insurance
Please fax supporting documentation of retro eligibility.

****INPATIENT OBSERVATION LEVEL OF CARE DOES NOT REQUIRE PRIOR AUTHORIZATION****
****IF PATIENT IS MEDICARE PRIMARY, NO PRIOR AUTH OR NOTIFICATION IS NEEDED UNLESS IT IS A TRANSPLANT****

MEMBER INFORMATION:

Name: Last First MI	DOB:
Date of Admission:	Medicaid ID #:
Primary diagnosis description:	

ADMITTING FACILITY INFORMATION:

Facility Name:		Today's Date:
Facility NPI #:	Facility UR Phone #:	Facility UR Fax #:

Person Submitting request:	Phone #:	Fax #: