



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

Medica requires that providers obtain prior authorization before rendering services. If any items on the Medica Prior Authorization list are submitted for payment without obtaining a prior authorization, the related claim or claims will be denied as provider liability. The provider will have 60 days from the date of the claim denial to appeal and supply supporting documentation required to determine medical necessity.

Patient Information	
Today's Date	Patient DOB Month / Day / Year
Patient Name	Patient's Medica ID Number Group Policy
Patient Phone Number (Area Code + Number)	
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	
Please include clinical information for review: History & Physical (H&P), Orders to admit, PT/OT Evaluation	
Ordering Provider Information	
Provider Name	Clinic Name
Federal Tax ID	Address
NPI Number	City State Zip
Telephone Number	Fax Number

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.* Unless this request is for genetic related testing, do not provide any genetic information. **Genetic information includes any family medical history or information related to genetic testing, genetic services, genetic counseling, or genetic diseases for which the patient may be at risk.**

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

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