

NICU / sick newborn prior authorization form

Use this form only if the unhealthy newborn is admitted for four (4) days or longer. Shorter stays are paid under the mother's authorization and don't need a separate authorization.

Check if requesting on behalf of a Cigna-participating provider

Today's date: _____

Mother

Last name		First name	
Priority Health ID#		Date of birth	

Father – if father's coverage applies

Last name		First name	
Priority Health ID#		Date of birth	

Baby 1

Last name		First name	
Diagnosis (ICD-10 code)		Assigned sex	
Date of birth		Admit date – if different from DOB	

Baby 2

Last name		First name	
Diagnosis (ICD-10 code)		Assigned sex	
Date of birth		Admit date – if different from DOB	

Birth hospital

Facility name		Facility tax ID – <i>required</i>	
Facility NPI		UR phone	Fax
Address		UR contact name	

Transfer hospital

Facility name		Facility tax ID – <i>required</i>	
Facility NPI		UR phone	Fax
Address		UR contact name	

Additional information

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To facilitate prompt and accurate processing, the information above must be complete and all supporting clinical documentation related to this request must be submitted with this form.

To receive payment from any Medicaid program, federal regulation requires that those providing services to a Medicaid beneficiary must enroll in CHAMPS (Community Health Automated Medicaid Processing System) to receive reimbursement. For more information, go to: <https://milogintp.michigan.gov> or contact the Medicaid Provider Helpline at 1.800.292.2550.

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