

Request Date:					
RECIPIENT INFORMATION					
Recipient Name: Last, First, Middle		Medicaid ID #:			
Date of Birth:		Sex: Age:			
REQUESTOR AND HOSPITAL INFORMATION		REQUESTING PHYSICIAN INFORMATION			
Requestor's Name:		Physician's Name: Last, First, Middle			
Phone #: (Phone #: (
Ext.		Fax #: (
Fax: (Medicaid #:			
email:		NPI:			
	PREADMISSION	INFORMATION			
(Proposed) Admission Date: ////////////////////////////////////		Number of. Days Requested:			
ICD-9-CM DIAGNOSIS CODE(S)	NARRATIVE DESCRIPTION(S)				
1.					
2.					
3.					
Scheduled Date	ICD-9-CM Procedure Code(s)	Procedure Description(s)			

Medicaid Prior Authorization of Elective C-Section Procedure (Use this form prior to admission to the hospital) Fax – 1- 855-427-3747



Recipient Medicaid ID Number:						
Recipient Last/First/Middle Name:			Date of Birth:			
CLINICAL INDICATIONS						
Complete this section on all requests:						
Has the recipient completed 39 weeks gestational? Yes 🗌 No 🗌 If no, indicate number of completed weeks:						
Please choose from one or more of the follo	owing clinical conditior	ns. If nor	e are applicable, check the fo	bllowing box, proceed to		
the "Clinical Findings" section and complete	e the remainder of the	form:	Listed conditions in this see	ction are <u>not applicable</u> .		
Infection of Amniotic Cavity	Multiple gestation		n malformation in fetus			
Placenta Previa w/o hemorrhage	☐ Macrosomia abnormally large fetus (≥ 4500 grams)					
History of previous C-section with a pre	vious vertical uterine i	ncision.				
Malpresentation:		Advanc	ced Maternal Age (≥ 35 yrs):	Isoimmunization:		
Transverse Breech w/o ver	sion	🗌 Elde	erly Primagravida	Rh factor		
Face/Brow Incomplete bre	ech/footling	🗌 Elde	erly Multigravida	☐ ABO		
	CLINICAL	FINDIN	GS	<u> </u>		
Describe recipient's presenting signs and s	ymptoms:					
Indicate the clinical indications for the plan	ned procedure:					
PAST TREATMENTS						
List all previous treatments for the condition	n for which the proced	ure is pla	anned:			



Recipient Medicaid ID Number:					
Recipient Last/First/Middle Name:					
Labs/Studies/Tests/X-Rays (enter the date and results of relevant labs, studies and tests)					
Date	Lab/Study/Test/X-Ray	Results/Findings			
ADDITIONAL COMMENTS:					



ICD-9-CM QUICK REFERENCE GUIDE TO DIAGNOSTIC CODES FOR CLINICAL INDICATORS FOR ELECTIVE C-SECTION

NOTE: WHEN THE RECIPIENT HAS A CONDITION THAT IS NOT LISTED BELOW, THE ICD-9-CM CODE FOR THAT SPECIFIC CONDITION MUST BE SUBMITTED.

ICD-9-CM CODE	NARRATIVE DESCRIPTION
641.03	Placenta previa without hemorrhage, antepartum condition, not delivered
651.33	Twin pregnancy with fetal loss and retention of one fetus, antepartum condition, not delivered
651.43	Triplet pregnancy with fetal loss and retention of one or more fetus(es), antepartum condition, not delivered
651.53	Quadruplet pregnancy with fetal loss and retention of one or more fetus(es), antepartum condition, not delivered
651.63	Other multiple pregnancy with fetal loss and retention of one or more fetus(es), antepartum condition, not delivered
651.73	Multiple gestation following (elective) fetal reduction, antepartum condition, not delivered
651.83	Other specified multiple gestation, antepartum condition, not delivered
651.93	Unspecified multiple gestation, antepartum condition, not delivered
652.23	Breech presentation without mention of version (breech, buttocks, complete breech, frank breech), antepartum condition, not delivered
652.33	Transverse or oblique presentation (oblique lie, transverse lie), antepartum condition, not delivered
652.43	Face or brow presentation, antepartum condition, not delivered
652.83	Other specified malposition or malpresentation (compound presentation, footling presentation, incomplete breech), antepartum condition, not delivered
653.53	Unusually large fetus causing disproportion, antepartum condition, not delivered
654.23	Previous cesarean delivery, antepartum condition, not delivered
655.03	Central nervous system malformation in fetus [fetal or suspected fetal: anencephaly, hydrocephalus, spina bifida (with myelomeningocele)], antepartum condition, not delivered
656.13	Rhesus isoimmunization (Anti-D [Rh] antibibodies, Rh incompatibility), antepartum condition, not delivered
656.23	Isoimmunization from other and unspecified blood-group incompatibility (ABO incompatibility), antepartum condition, not delivered
658.43	Infection of amniotic cavity (amnionitis, chorioamninonitis, membranitis, placentitis), antepartum condition, not delivered
659.53	Elderly primigravida (first pregnancy in a woman who will be 35 years of age or older at expected date of delivery), antepartum condition, not delivered
659.63	Elderly multigravida (second or more pregnancy in a woman who will be 35 years of age or older at expected date of delivery), antepartum condition, not delivered



ICD-9-CM QUICK REFERENCE GUIDE TO PROCEDURAL CODES FOR C-SECTION

NOTE: WHEN THE PROCEDURE IS NOT LISTED BELOW, THE ICD-9-CM CODE FOR THAT SPECIFIC PROCEDURE MUST BE SUBMITTED.

ICD-9-CM CODE	NARRATIVE DESCRIPTION
74.0	Classical cesarean section
74.1	Low cervical cesarean section
74.2	Extraperitoneal cesarean section
74.4	Cesarean section of other specified type
74.99	Other cesarean section of unspecified type