

Minnesota Health Care Programs (MHCP)

Inpatient Hospital Authorization Form

To request IHA, complete this form, then fax or call the medical review agent.

KEPRO MN Medicaid
2810 North Parham Road, Suite 305
Henrico, VA 23294
Fax: 866-889-6512
Phone: 866-433-3658

Provider Information

HOSPITAL NAME		HOSPITAL NPI	TAXONOMY CODE	
HOSPITAL ADDRESS		CITY	STATE	ZIP CODE
CONTACT NAME			PHONE NUMBER	FAX NUMBER
PHYSICIAN NAME				PHYSICIAN NPI

Recipient Information

LAST NAME		FIRST NAME	MI	DATE OF BIRTH	MHCP ID NUMBER
ADMITTING DIAGNOSIS CODE	DESCRIPTION				
SECONDARY DIAGNOSIS CODE	DESCRIPTION				
SURGERY PROCEDURE CODE	DESCRIPTION				
ANTICIPATED ADMISSION DATE	DISCHARGE DATE (if known)	READMISSION TO REHAB AFTER TRANSFER TO ACUTE CARE <input type="radio"/> Yes <input type="radio"/> No		DATE OF PRIOR INPATIENT REHAB	
PRESENTING SYMPTOMS AND PERTINENT ADMISSION ASSESSMENT					
ADMITTING ORDERS AND/OR PLAN OF CARE					