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# INPATIENT AUTHORIZATION FORM

Complete and **Fax** to: 1-844-430-4485

☐ **Standard requests -** Determination within 14 calendar days of receiving all necessary information.

☐ **Urgent requests -** I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 2 business days avoid complications and unnecessary suffering or severe pain.

X _____ URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

***Indicates Required Field**

## MEMBER INFORMATION

*Member ID

*Date of Birth (MMDDYYYY)

Last Name, First

## REQUESTING PROVIDER INFORMATION

*Requesting NPI

*Requesting TIN

Requesting Provider Contact Name

Requesting Provider Name

Phone

*Fax

## SERVICING PROVIDER / FACILITY INFORMATION

↳ ☐ Same as Requesting Provider

*Servicing NPI

*Servicing TIN

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

## AUTHORIZATION REQUEST

***Primary** Procedure Code (CPT/HCPCS) (Modifier)

**Additional** Procedure Code (CPT/HCPCS) (Modifier)

***Start Date *OR*** Admission Date (MMDDYYYY)

*Diagnosis Code (ICD-10)

**Additional** Procedure Code (CPT/HCPCS) (Modifier)

**Additional** Procedure Code (CPT/HCPCS) (Modifier)

**Discharge Date (if applicable)** otherwise Length of Stay will be based on Medical Necessity (MMDDYYYY)

Additional Diagnosis Code (ICD-10)

## *INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes) ☐☐☐

**Delivery**
779 C-Section Delivery
720 Vaginal Delivery

**Inpatient Rehab**
427 Rehab

**Transplant**
992 Transplant

**Miscellaneous**
121 Long Term Acute Care
970 Medical
414 Premature/False Labor
402 Skilled Nursing Facility
411 Surgical
490 Boarder Baby
300 Neonate

**Behavioral Health**
528 BH Chemical Substance Abuse
529 BH Psychiatric Admission
531 BH Eating Disorders
532 BH Crisis Stabilization Unit
535 BH Residential Treatment - Substance Use
536 BH Residential Treatment - Mental Health

***ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.***
***COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.***



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