

INPATIENT AUTHORIZATION FORM

Standard requests - Determination within 15 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 72 hours to 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 Last Name, First *Date of Birth (MMDDYYYY)

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)

| | |
|------------------------------|--|
| 490 Boarder Baby | Behavioral Health |
| 779 C-Section Delivery | 535 BH Residential Treatment - Substance Use |
| 121 Long Term Acute Care | 536 BH Residential Treatment - Mental Health |
| 970 Medical | 528 BH Chemical Substance Abuse |
| 300 Neonate | 532 BH Crisis Stabilization Unit |
| 414 Premature/False Labor | 531 BH Eating Disorders |
| 427 Rehab | 529 BH Psychiatric Admission |
| 402 Skilled Nursing Facility | |
| 411 Surgical | |
| 992 Transplant | |
| 720 Vaginal Delivery | |

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.