

Inpatient Authorization Form

Complete and **Fax** to: 1-833-611-2481
 Behavioral Health- Complete and **Fax** to: 1-833-615-0096

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)

<p>Delivery</p> <p>779 C-Section Delivery 720 Vaginal Delivery</p> <p>Inpatient Rehab</p> <p>427 Rehab</p> <p>Transplant</p> <p>992 Transplant</p>	<p>Miscellaneous</p> <p>121 Long Term Acute Care 970 Medical 414 Premature/False Labor 402 Skilled Nursing Facility 411 Surgical 490 Boarder Baby 300 Neonate</p>	<p>Behavioral Health</p> <p>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</p>
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**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.**