

INPATIENT AUTHORIZATION FORM

Standard requests - Determination within 2 business days from receipt of all information necessary to complete the review, not to exceed 15 calendar days from the receipt of the request.

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 from receipt of all information necessary to complete the review not to exceed 3 calendar days from receipt of the request.

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.**