

INPATIENT AUTHORIZATION FORM (KENTUCKY)

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) (CPT/HCPCS) (Modifier) *Start Date OR Admission Date (MMDDYYYY) *Diagnosis Code (ICD-10)

Additional Procedure Code (CPT/HCPCS) (Modifier) (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	<table border="0"> <tr> <td style="vertical-align: top;"> <p>Behavioral Health</p> <p>535 BH Residential Treatment - Substance Use</p> <p>536 BH Residential Treatment - Mental Health</p> <p>528 BH Chemical Substance Abuse</p> <p>532 BH Crisis Stabilization Unit</p> <p>531 BH Eating Disorders</p> <p>529 BH Psychiatric Admission</p> </td> </tr> </table>	<p>Behavioral Health</p> <p>535 BH Residential Treatment - Substance Use</p> <p>536 BH Residential Treatment - Mental Health</p> <p>528 BH Chemical Substance Abuse</p> <p>532 BH Crisis Stabilization Unit</p> <p>531 BH Eating Disorders</p> <p>529 BH Psychiatric Admission</p>
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779	C-Section Delivery		
121	Long Term Acute Care		
970	Medical		
300	Neonate		
414	Premature/False Labor		
427	Rehab		
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.