

INPATIENT AUTHORIZATION FORM

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 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)

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| <p>Delivery 779 C-Section Delivery 720 Vaginal Delivery</p> <p>Inpatient Rehab 427 Rehab</p> <p>Transplant 992 Transplant</p> | <p>Miscellaneous 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 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.