wellcare allwell.

INPATIENT MEDICARE AUTHORIZATION FORM

Standard Requests: **Fax** 844-973-0051 Concurrent Requests: **Fax** 844-973-0054 Behavioral Health Requests: **Fax** 833-684-1680

For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department above. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the receipt of request.

For Expedited requests, please CALL 833-816-6623. Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

For Concurrent requests, complete this form and FAX to the appropriate department above (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits). Determination within 24 hours of receipt of all necessary information.

*****Indicates Required Field Date of Birth * **MEMBER INFORMATION** (MMDDYYYY) Member ID* Last Name, First **REQUESTING PROVIDER INFORMATION** Requesting NPI * **Requesting TIN** Requesting Provider Contact Name Fax* **Requesting Provider Name** Phone **SERVICING PROVIDER / FACILITY INFORMATION** Same as Requesting Provider Servicing NPI* Servicing TIN 苯 Servicing Provider Contact Name Servicing Provider/Facility Name Phone Fay **AUTHORIZATION REQUEST** Primary Procedure Code* Additional Procedure Code Start Date OR Admission Date * Diagnosis Code * (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10) Discharge Date (if applicable) otherwise Additional Procedure Code Additional Procedure Code Length of Stay will be based on Medical Necessity Additional Diagnosis Code (CPT/HCPCS) (Modifier) (CPT/HCPCS) (MMDDYYYY) (ICD-10) (Modifier) * **INPATIENT SERVICE TYPE** (Enter the Service type number in the boxes) 779 C-Section Delivery **Behavorial Health** 121 Long Term Acute Care **BH** Chemical Substance Abuse 528 970 Medical 532 BH Crisis Stabilization Unit 414 Premature/False Labor 531 **BH Eating Disorders** 427 Rehab 529 **BH** Psychiatric Admission 402 Skilled Nursing Facility 492 Subacute 411 Surgical Transplant 992 720 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.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.