

427

402

499

411

992 720 Rehab

Subacute

Surgical Transplant

Skilled Nursing Facility

Vaginal Delivery

INPATIENT MEDICARE AUTHORIZATION FORM

Standard Requests: **Fax** 833-441-2410 Concurrent Requests: **Fax** 833-441-2412 Behavioral Health Requests: **Fax** 833-516-1586

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 833-705-1358. 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 72 hours of receipt of request. *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* Phone Requesting Provider Name **SERVICING PROVIDER / FACILITY INFORMATION** Same as Requesting Provider Servicing NPI* Servicing TIN * Servicing Provider Contact Name Servicing Provider/Facility Name Phone **AUTHORIZATION REQUEST Primary** Procedure Code Diagnosis Code * Additional Procedure Code Start Date OR Admission Date * (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 BH Chemical Substance Abuse 121 Long Term Acute Care 598 970 Medical 529 BH Psychiatric Admission 414 Premature/False Labor

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.