

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.

Х		QUESTS MUST BE SIGNED BY O RECEIVE PRIORITY	THE	=
*Indicates Required Field –				
MEMBER INFORMATION			*Date of Birth	
Member ID	Las	t Name, First	(MMDDYYYY)	
REQUESTING PROVIDER INF	ORMATION			
Requesting NPI	*Requesting TIN	Requesting	Provider Contact Name	-
Requesting Provider Name	Pho	one	*Fax	
SERVICING PROVIDER / FAC	ILITY INFORMATION			
Same as Requesting Provide	er			
Servicing NPI	*Servicing TIN	Servicing P	rovider Contact Name	
Servicing Provider/Facility Name	Phon	е	Fax	
AUTHORIZATION REQUEST				
Primary Procedure Code	Additional Procedure Code	*Start Date OR Admissio	n Date	*Diagnosis Code
CPT/HCPCS) (Modifier)	CPT/HCPCS) (Modifier)	(MMDDYYYY)		666
Additional Procedure Code	Additional Procedure Code	Discharge Date (if applic Length of Stay will be base	cable) otherwise	Additional Diagnosis Code
			,	0
CPT/HCPCS) (Modifier)	CPT/HCPCS) (Modifier)	(MMDDYYYY)	hanna hanna h	iiiii. (ICD-10)
INPATIENT SERVICE TYPE	(Enter the Service type			
Delivery	Miscellaneous	·	Behavioral Health	
779 C-Section Delivery	121 Long Term Acute	Care	528 BH Chemical Substance Abuse	
720 Vaginal Delivery	970 Medical		529 BH Psychiatric Admission 531 BH Eating Disorders 532 BH Crisis Stabilization Unit 535 BH Residential Treatment - Substance Use	
Inpatient Rehab	414 Premature/False 402 Skilled Nursing			
427 Rehab	411 Surgical	······································		
	490 Boarder Baby		536 BH Residential Treat	tment - Mental Health
Transplant	300 Neonate			

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.

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