

INPATIENT AUTHORIZATION FORM

Standard requests - Determination within 3 business 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 24 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)

490 Boarder Baby	Behavioral Health
779 C-Section Delivery	535 BH Residential Treatment - Substance Use
121 Long Term Acute Care	536 BH Residential Treatment - Mental Health
970 Medical	528 BH Chemical Substance Abuse
300 Neonate	532 BH Crisis Stabilization Unit
414 Premature/False Labor	531 BH Eating Disorders
427 Rehab	529 BH Psychiatric Admission
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.