

# INPATIENT PRIOR AUTHORIZATION FAX FORM

- Standard Request - Determination within 14 calendar days of receipt of request--Used for Scheduled Admissions.
- Urgent Request - 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.
- Acute, non-scheduled admission - Determination within 24 hours from receipt of request.      Chronic Needs Case:  Yes  No

X

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

\* INDICATES REQUIRED FIELD

## MEMBER INFORMATION

Member ID/Medicaid 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  Start Date OR Admission Date \*  Diagnosis Code \*  ESPD Coordinator Name

(CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)

ESPD Coordinator Phone

Additional Procedure Code  Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity  ESPD Coordinator Fax

(CPT/HCPCS) (Modifier) (MMDDYYYY)

**INPATIENT SERVICE TYPE \* (Enter the Service type number in the boxes)**

<b>Delivery</b>		970	Medical
779	C-Section	414	Premature/False Labor
720	Vaginal Delivery	411	Surgical
<b>Inpatient Rehab</b>		<b>Transplant</b>	
479	Inpatient Hospital	209	Surgery
220	Comprehensive Inpatient Rehab Facility	419	Work-up

**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.

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