



INPATIENT MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-800-218-7508
Standard Requests: **Fax** 1-855-537-3535
Medical Records: **Fax** 1-833-543-9091
Behavioral Health Requests/Medical Records:
Fax 1-866-900-6918

For Standard (Elective Admission) requests, complete this form and FAX to 1-855-537-3535. 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 1-800-218-7508. 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 1-877-259-6960. (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**

MEMBER INFORMATION

Member ID * Date of Birth *

Last Name, First * (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 *	Additional Procedure Code	Start Date OR Admission Date *	Diagnosis Code *
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)
Additional Procedure Code	Additional Procedure Code	Discharge Date (if applicable) otherwise *	Additional Diagnosis Code
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	Length of Stay will be based on Medical Necessity	(ICD-10)

INPATIENT SERVICE TYPE *		(Enter the Service type number in the boxes) *	
779	C-Section Delivery	Behavioral Health	
121	Long Term Acute Care	528	BH Chemical Substance Abuse
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		
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.

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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