

INPATIENT MEDICARE AUTHORIZATION FORM

- Standard (Prior Approval Admission Requests) - Determination within 14 Days from receipt of all necessary information.
- Expedited (Prior Approval Admission Requests) - Determination within 72 hours of receipt of all necessary information
- Concurrent (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits) - Determination within 1 business day of receipt of all necessary information.



★ **INDICATES REQUIRED FIELD**

MEMBER INFORMATION

Date of Birth ★

Member ID ★

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

ICD-9 ICD-10 **Primary** Procedure Code

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Start Date OR Admission Date ★

(MMDDYYYY)

Diagnosis Code ★

(ICD-9/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-9/ICD-10)

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

- | | |
|------------------------------|--------------------------|
| 970 Inpatient Medical | 121 Long Term Acute Care |
| 411 Inpatient Surgery | |
| 402 Skilled Nursing Facility | Transplant |
| | 209 Surgery |
| Inpatient Rehab | |
| 479 Inpatient Hospital | Delivery |
| 220 Free Standing Facility | 720 Vaginal (2 Days) |
| | 779 C-Section (4 Days) |

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.**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.Rev. 10/24/2014
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