



INPATIENT MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-800-218-7508
Standard Requests: **Fax** 1-877-808-9368

For Standard (Elective Admission) requests, complete this form and FAX to 1-877-808-9368. 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 *	Last Name, First	Date of Birth * (MMDDYYYY)
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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)

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|---------------------------|------------------------------|
| 779 C-Section Delivery | 402 Skilled Nursing Facility |
| 121 Long Term Acute Care | 492 Sub-Acute |
| 970 Medical | 411 Surgical |
| 414 Premature/False Labor | 209 Transplant Surgery |
| 427 Rehab | 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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