

## INPATIENT MEDICARE AUTHORIZATION FORM

Expedited Requests: **Call** 1-855-766-1452 Standard Requests: **Fax** 1-844-280-2630 Concurrent Requests: **Fax** 1-844-223-2101

For Standard (Elective Admission) requests, complete this form and FAX to 1-844-280-2630. 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 1-855-766-1452.** 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 1-844-223-2101 (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 Date of Birth \* **MEMBER INFORMATION** (MMDDYYYY) Member ID\* Last Name, First **REQUESTING PROVIDER INFORMATION** Requesting NPI \* Requesting TIN Requesting Provider Contact Name Fax\* Requesting Provider Name Phone **SERVICING PROVIDER / FACILITY INFORMATION** Same as Requesting Provider Servicing NPI\* Servicing TIN \* Servicing Provider Contact Name Servicing Provider/Facility Name Phone

## **AUTHORIZATION REQUEST**

Primary Procedure Cod	e** (Modifier)	Additional Procedure C	ode (Modifier)	Start Date OR Admission Date *  (MMDDYYYY)	Diagnosis Code *
Additional Procedure C	Code (Modifier)	Additional Procedure C	ode (Modifier)	Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity  (MMDDYYYY)	Additional Diagnosis Code

## INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

779 C-Section Delivery

121 Long Term Acute Care

970 Medical

414 Premature/False Labor

427 Rehab

402 Skilled Nursing Facility

492 Subacute

411 Surgical

992 Transplant

720 Vaginal Delivery

## **Behavorial Health**

528 BH Chemical Substance Abuse529 BH Psychiatric Admission

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.