



# INPATIENT AUTHORIZATION FORM

Complete and **Fax** to: 1-833-405-3828  
Behavioral Health- Complete and **Fax** to: 1-833-405-3829  
Transplant-Complete and **Fax** to: 1-833-828-0211

**Standard requests** - Determination within 15 calendar days of receiving all necessary information.

**Urgent requests** - 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.

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

\* Indicates Required Field

## MEMBER INFORMATION

\*Member 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  (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) <input type="text"/>		
<b>Delivery</b> 779 C-Section Delivery 720 Vaginal Delivery	<b>Miscellaneous</b> 121 Long Term Acute Care 970 Medical 414 Premature/False Labor 402 Skilled Nursing Facility 411 Surgical 490 Boarder Baby 300 Neonate	<b>Behavioral Health</b> 528 BH Chemical Substance Abuse 529 BH Psychiatric Admission 531 BH Eating Disorders 532 BH Crisis Stabilization Unit 535 BH Residential Treatment - Substance Use 536 BH Residential Treatment - Mental Health
<b>Inpatient Rehab</b> 427 Rehab		
<b>Transplant</b> 992 Transplant		

**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.**