

## **INPATIENT**

Complete and Fax to: 1-877-401-8175

## PRIOR AUTHORIZATION FAX FORM

Standard Requ	ıest - Determina	ation within 14 calendar	days of recei	pt of requestUsed fo	r Schedulec	d Admissions.							
		request is urgent and m hours to avoid complic											
Acute, non-scheduled admission - Determination within 24 hours fi				, ,		Chronic Needs C	Case:	Yes	No				
X				IT REQUESTS MUST BE									
* INDICATES REQU	IRED FIELD —												
MEMBER INFO					Date of Birth *								
Member ID				Last Name, First		(MMDDYYYY)							
REQUESTING P	ROVIDER I	NFORMATION											
Requesting NPI *		Requesting	₹TIN <b>*</b>	Requesting Provider Co			ontact Name						
Requesting Provider I	Name			Phone			Fax						
3000003	OVIDER / F	ACILITY INFORM	IATION										
Servicing NPI *		Servicing	, TIN*		Servicing F			Provider Contact Name					
Servicing Provider/Fa	cility Name			Phone	;····		Fax				· · · · · · · · · · · · · · · · · · ·		
							ll						
AUTHORIZATION REQUEST					ESPD Coordinator Name								
<b>Primary</b> Procedure C	code	Start Date OR Admis	ssion Date *	Diagnosis Code	*								
							ESPD C	oordinator	Phone		·2000-00-300-00-00-3		
(CPT/HCPCS)	(Modifier)	(MMDDYYYY)	linabla) c	(ICD-10)									
Additional Procedure Code  Discharge Date (if applicable) of Length of Stay will be based on Me			edical Necessity			ESPD Coordinator Fax							
(CPT/HCPCS)	(Modifier)	(MMDDYYYY)			***********								
INPATIENT SEI	RVICE TYPE	* (Enter the Service	e type num	ber in the boxes)									
<b>Delivery</b> 779 C-Sectio	<b>~</b>		970	Medical	shor								
779 C-Sectio 720 Vaginal D			414 411	Premature/False La Surgical	1DOI								
Inpatient F				Transplant									
	t Hospital nensive Inpatie	ent Rehab Facility	209 419	Surgery Work-up									

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.