

PRIOR AUTHORIZATION FORM

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.

X **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)

<p>Delivery 779 C-Section Delivery 720 Vaginal Delivery</p> <p>Inpatient Rehab 427 Rehab</p> <p>Transplant 922 Transplant</p>	<p>Miscellaneous 121 Long Term Acute Care 970 Medical 414 Premature/False Labor 402 Skilled Nursing Facility 411 Surgical 490 Boarder Baby 300 Neonate</p>	<p>Behavioral Health 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</p>
--	--	---

**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.**