



# INPATIENT MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-800-218-7508  
Standard Requests: **Fax** 1-877-808-9368  
Medical Records: **Fax** 1-833-543-9091  
Behavioral Health Requests/Medical Records:  
**Fax** 1-866-900-6918

**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)

## 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

<b>Primary</b> Procedure Code	<b>Additional</b> Procedure Code	<b>Start Date OR</b> Admission Date *	Diagnosis Code *
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)
<b>Additional</b> Procedure Code	<b>Additional</b> Procedure Code	<b>Discharge Date (if applicable)</b> otherwise Length of Stay will be based on Medical Necessity	Additional Diagnosis Code
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)

### INPATIENT SERVICE TYPE \*

(Enter the Service type number in the boxes)

779	C-Section Delivery	<b>Behavioral Health</b>
121	Long Term Acute Care	528 BH Chemical Substance Abuse
970	Medical	532 BH Crisis Stabilization Unit
414	Premature/False Labor	531 BH Eating Disorders
427	Rehab	529 BH Psychiatric Admission
402	Skilled Nursing Facility	
492	Subacute	
411	Surgical	
992	Transplant	
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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