



# INPATIENT MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-855-766-1456  
Standard/Concurrent Requests: **Fax** 1-844-259-4568

**For Standard (Elective Admission) requests, complete this form and FAX to 1-844-259-4568.** 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 1-855-766-1456.** 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 1-844-259-4568** (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

Primary Procedure Code \*

Additional Procedure Code

Start Date OR Admission Date \*

Diagnosis Code \*

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

Discharge Date (if applicable) 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

121 Long Term Acute Care

970 Medical

414 Premature/False Labor

427 Rehab

402 Skilled Nursing Facility

492 Sub-Acute

411 Surgical

209 Transplant Surgery

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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Rev. 11 08 2017  
PM-PAF-1221

