

# INPATIENT CHIP

## Prior Authorization Fax Form

- Standard Request – Determination within 3 calendar days and/or 2 business days of receiving all necessary information.
- Expedited Request – I certify that following the standard authorization decision time frame could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function..
- Acute, Non-Scheduled Admission – Determination within 3 calendar days and/or 2 business days of receiving all necessary information.

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

\* INDICATES REQUIRED FIELD

### MEMBER INFORMATION

Member ID/Medicaid 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)

Start Date OR Admission Date \*  (MMDDYYYY)

Diagnosis Code \*  (ICD-10)

Additional Procedure Code   (CPT/HCPCS) (Modifier)

End Date OR Discharge Date  (MMDDYYYY)

INPATIENT SERVICE TYPE * (Enter the Service type number in the boxes) <input type="text"/>		
<b>Delivery</b>	<b>Inpatient Rehab</b>	<b>Transplant</b>
779 C-Section	479 Inpatient Rehab	209 Surgery
720 Vaginal Delivery	220 Comprehensive Rehab Facility	419 Work-up
	970 Medical	
	414 Premature/False Labor	
	402 Skilled Nursing Facility	
	411 Surgical	

**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.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.