



# MEDICARE INPATIENT AUTHORIZATION

OHIO

Expedited Requests: **Call 1-800-977-7522**  
Standard/Concurrent Requests: **Fax 1-833-660-1992**  
Behavioral Health Requests: **Fax 1-833-320-2895**

**For Standard (Elective Admission) requests, complete this form and FAX to 1-833-660-1992.** Determination made as expeditiously as the enrollee's health condition requires, but no later than **7** calendar days after the receipt of request.

☐ **For Expedited requests, Please Call 1-800-977-7522.** Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard time frame 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 1-833-660-1992** (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits). Determination within 72 hours of receipt of request.

**\* 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)

779 C-Section

121 Long Term Acute Care

970 Medical

414 Premature / False Labor

427 Rehab

402 Skilled Nursing Facility

492 Subacute

411 Surgical

992 Transplant

720 Vaginal Delivery

### Behavioral Health

528 BH Chemical Substance Abuse

529 BH Psychiatric Admission

**Are services needed for discharge planning?**

☐

YES

☐

NO

**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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