



The purpose of this form is to request an inpatient prior authorization. For home health authorization requests, use the Request for Home Health Authorization Form. Please fax this completed form to 1-877-528-5818, Attn. Medical Management. If you have questions about this form, contact Blue Advantage Medical Management at 1-866-508-7145. Please complete all applicable areas below.

### Inpatient Authorization Request Form

#### CASE MANAGEMENT INFORMATION

Case Manager Name

Facility Case Management Fax Number

Phone Number

Date of Service \_\_\_\_/\_\_\_\_/\_\_\_\_

#### PATIENT INFORMATION

Patient Name

Date of Birth

Member ID Number

Age

Date of Admit

Time of Admit

ER Arrival Time

Direct Admit

Yes  No

Type of Admit

Observation  Inpatient

#### ORDERING/ATTENDING PROVIDER INFORMATION

Provider Name

Provider Phone Number

Provider NPI

Facility Name

Facility NPI

#### DIAGNOSIS AND BILLING CODES

Diagnosis Description

ICD-10 Codes(s)

CPT®/HCPCS Code(s)

#### ATTACHMENTS

The following attachments should always be included, when available:

- Orders, Diagnostic Test Results, H&P, ER Notes
- Consults, OP/Procedure Notes
- Additional Clinical Documentation

**Required Information:** If the information requested is not supplied or incomplete, this request will not move forward. A list of services that require prior authorization can be found in the *Provider Quick Reference Guide* on the Blue Advantage Provider Portal accessed through iLinkBlue ([www.BCBSLA.com/ilinkblue](http://www.BCBSLA.com/ilinkblue)).

The information on this form is protected health information and subject to all privacy and security regulations under HIPAA.

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