

Inpatient Authorization Request Form

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 Authorizations Department at 1-866-508-7145, choose option 3, then option 3. Please complete all applicable areas below.

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Admit <input type="checkbox"/> Observation <input type="checkbox"/> Inpatient	

ORDERING/ATTENDING PROVIDER INFORMATION

Provider Name		
Provider Phone Number	Provider NPI	Provider Tax ID
Facility Name	Facility NPI	Facility Tax ID

DIAGNOSIS AND BILLING CODES

Diagnosis Description	ICD-10 Code(s)	CPT®/HCPCS Code(s)
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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.lablue.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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