

Utilization Management Authorization Request Form Inpatient Admit

Complete this entire treatment plan to avoid delays in processing your request

Fax completed request to: **888-216-0579**

Routine Request Urgent Request

URGENT / EXPEDITED is defined as: if waiting under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy. For Urgent / Expedited requests you may call: **844-865-7864**

Today's date _____ Member Name _____
Member ID _____ Admit Date _____

Is member still inpatient? YES NO If NO, Discharge Date _____

Discharge Disposition: Home SNF Rehab/LTAC Home Health Expired Other

DIAGNOSIS

ICD10 CODE	Description

PROCEDURE(S) REQUESTED WITH CPT CODE(S) (IF APPLICABLE)

CPT Code	Description

CLINICAL INFORMATION: (Presenting Symptoms & History)

PHYSICAL EXAM FINDINGS: (Include objective functional assessment, neurological deficits noted, Responses to previous treatment, and progression of condition)

RADIOLOGIC STUDIES: (Include dates and results)

ABNORMAL LABS:

ER TREATMENT: (Please include Frequency & Dosage of PRN meds received)

CURRENT MEDICATIONS:

Name of Drug	Dosage	Date Started

DAILY UPDATES:

CONSULTS:

ANTICIPATED DISCHARGE NEEDS:

- DME _____ Home Health _____
 Other: (specify) _____

PROVIDER INFORMATION:

Requesting Provider Name: _____ ID Number _____

Facility: _____ ID Number _____

Contact Name: _____ Telephone: _____ Fax: _____