INPATIENT AUTHORIZATION
ILLINOIS

For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department. 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** 844-536-2175. 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 the appropriate department**. (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits). Determination within 24 hours of receipt of all necessary information.

*Indicates Required Field

MEMBER INFORMATION

Date of Birth *****
(MMDDYYYY)

Member ID *****

Last Name, First

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 Delivery	**Behavioral Health**
121 Long Term Acute Care	535 BH Residential Treatment - Substance Use
970 Medical	532 BH Crisis Stabilization Unit
414 Premature/False Labor	531 BH Eating Disorders
427 Rehab	529 BH Psychiatric Admission
402 Skilled Nursing Facility	
411 Surgical	**Are services needed for discharge planning?** ☐ YES ☐ NO
992 Transplant	
720 Vaginal Delivery	

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.

Rev. 08.18.2022
ML-PAF-0757