

Inpatient Admission Notification & Prior Authorization Request Form (See next page for additional instructions)

Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers are required to use the Availity® Provider Portal to submit preservice prior authorization requests. Faxes and phone calls for these requests will no longer be accepted by Blue Cross. Please complete the clinical sections on this form and attach it to your request at Availity.com to ensure a timely review.

Providers outside of Minnesota without electronic access can fax this form, along with clinical records to support the request, see page 2 for fax instructions. MH Admission **Type of admission:** Medical Admission MH RTC Admission MH 23-hour Observation MH Partial Admission Detox *For LTAC, Inpatient Rehabilitation, SNF and Substance Use Disorder admissions please utilize the type specific form for these reviews. Admission court ordered? Yes No Admission due to emergency hold? No Request for Urgent Review: By checking this box, I certify that applying the standard review time may seriously jeopardize the life or health of the member or the member's ability to regain maximum function per Federal definition of "Urgent". Person completing form: Clinic Facility Fax: _____ Facility NPI / Tax #: ______ Facility Provider ID #: _____ Facility address: _______ City/State/Zip: _____ Member name: _____ Gender: \square M \square F \square X Member ID: _____ Date of birth: ____ Member address: City/state/zip: ______Phone: _____ Admission date: ______ Discharge date: ______ Admitting Individual ID #: NPI / Tax #: **Admission Information** Admitting provider name: Admitting provider address: Admitting provider city/state/zip: ______ Phone: _____ Fax: _____ Admitting diagnosis code: ______ Secondary diagnosis code: _____ Is this a surgical admission? Yes No If Yes, authorization number (if applicable): Your medical record number (optional): ______

Inpatient admission guidelines	Providers are required to notify Blue Cross of all inpatient admissions. Some admissions require prior authorization to determine coverage and some admissions require notification only. All admissions must be medically necessary.	
	Please ensure the request is submitted as soon as the admission is scheduled. If the admission is unplanned, the request must be submitted no later than two working days after the admission occurs.	
	Once the member has been discharged, please notify us of the discharge date.	
Concurrent Review	Definition: An ongoing review during the member's stay, to ensure that the continued stay meets established medical necessity criteria. Facility providers are required to submit a concurrent review request when additional days are needed. Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers are required to use the Availity® Provider Portal to submit concurrent review requests. Faxes and phone calls for these requests will no longer be accepted by Blue Cross. Providers outside of Minnesota without electronic access can call the number below or fax this form, along with clinical records to support the request, to the fax number listed below.	
Contact Information	Hospital (Medical & Mental Health), Mental Health Partial, Mental Health RTC and Detox admissions	Phone: 1-800-528-0934
	LTAC, Inpatient Rehabilitation and SNF admissions please utilize the type specific form for these reviews.	
	These forms can be found on our <u>website</u> in the provider section under form and publications, precertification forms.	