

Inpatient Authorization Request Form

Guidelines

For information on medical and drug (Part A and B) prior authorization requirements, please visit our [Provider Forms and Resources page](#).

PREAUTHORIZATION REQUESTS (PRESERVICE)

- Preservice should be submitted at least two weeks prior to the date of service or facility admission.
- **If the servicing provider is not part of the Mass Advantage network, please submit this form with a letter of medical necessity (including clinical documentation) explaining why the service(s) can only be provided by an out-of-network specialist.**

CONCURRENT REQUESTS

- Not required prior to emergency care, but authorization for inpatient hospital admission should be submitted within 24 hours of admission to the hospital.

RETROSPECTIVE AUTHORIZATION REQUESTS (POSTSERVICE)

- It is very important that prior authorization procedures are followed for services that require prior authorization. If the referring network provider fails to follow prior authorization protocols, Mass Advantage may decline to pay the claim in which case participating providers will be held financially responsible for services received by the member.
- For more information, visit [Authorization and Notification Procedures](#).
- **Participating providers** seeking retrospective authorization for a Mass Advantage member must file a claim for that service, wait for the claim denial, and then submit a **Provider Request for Claim Review Form (Contracted)**. Please visit our [Provider Forms and Resource Page](#) for forms.
- **Non-participating providers** seeking retrospective authorization for a Mass Advantage member must file a claim for service, wait for the claim denial, and then initiate the claim appeal process on behalf of the member. Submit a **Provider Request for Claim Review Form (Non-Contracted)**, the appeal process cannot begin without a signed Waiver of Liability Form included in the claim review form. Please visit our [Provider Forms and Resource Page](#) for forms.

FORM SUBMISSION INSTRUCTIONS

- **All fields are required.** Incomplete forms cannot be processed. Please include supporting clinical documentation.
 - Authorization requests and approvals are not a guarantee of payment.
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Fax your completed request to (888) 656-7783 or call (866) 312-8467.

1. Priority Level

Admission Date / /

- Pre-Service Standard Request Concurrent (Notice of Emergent Admission)
 Pre-Service Expedited Request*

*You can ask for an expedited request if you or your doctor believe your health could be seriously harmed by waiting up to 7 days for a decision. You cannot request an expedited review if you are asking us to pay you back for a medical service/item you've already received.

If Prior Authorization is not required for the requested service, do you require an organizational determination? Yes No

2. Member Information

First Name

Last Name

Member ID

Date of Birth (mm/dd/yyyy)

3. Requestor Contact Information

Name

Phone Number/Ext.

Fax Number

Alternate Contact

4. Physician

Name

NPI

Address

TIN

Phone

Fax

Specialty

- In-Network
 Out-of-Network
 In-Network Payment Rate

5. Facility/Agency/Place of Service/Ambulatory Surgery Center

Name

NPI

Address

TIN

Phone

Fax

Type In-Network Out-of-Network In-Network Payment Rate

6. Requested Services Inpatient Medical Admission Long Term Care Acute Hospital Inpatient Psychiatric Admission Observation Hospital Admission Inpatient Rehabilitation Facility Skilled Nursing Facility Inpatient Surgical Admission Swing Bed Other: _____

ICD10 Codes

CPT/HCPC Codes

If you have a Reconsideration (Appeal) request, please contact us at (866) 312-8467.