



## Inpatient Admission Notification & Pre-Certification 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](http://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 3 for fax instructions.

- Type of admission:**
- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Medical Admission      | <input type="checkbox"/> LTAC Admission    | <input type="checkbox"/> ACR Admission        | <input type="checkbox"/> SNF Admission  |
| <input type="checkbox"/> MH 23-hour Observation | <input type="checkbox"/> MH Admission      | <input type="checkbox"/> MH Partial Admission | <input type="checkbox"/> SNF Concurrent |
| <input type="checkbox"/> CD Admission*          | <input type="checkbox"/> CD RTC Admission* | <input type="checkbox"/> MH RTC Admission     | <input type="checkbox"/> Detox          |
- \*An additional form is required for this type of review

Admission court ordered?  Yes  No

Admission due to emergency hold?  Yes  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".

<b>Facility Information</b>	Person completing form: _____ <input type="checkbox"/> Clinic <input type="checkbox"/> Facility Phone: _____ Fax: _____ Facility NPI / Tax #: _____ Facility Provider ID #: _____ Facility name: _____ Facility address: _____ City/State/Zip: _____
<b>Patient Information</b>	Member name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Member ID: _____ Date of birth: _____ Member address: _____ City/state/zip: _____ Phone: _____
<b>Admission Information</b>	Admission date: _____ Discharge date: _____ Admitting Individual ID #: _____ NPI / Tax #: _____ Admitting provider name: _____ Admitting provider address: _____ Admitting provider city/state/zip: _____ Phone: _____ Fax: _____ Admitting diagnosis code: _____ Secondary diagnosis code: _____ Is this a surgical admission? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, authorization number (if applicable): _____ Your medical record number (optional): _____

<b>Inpatient admission guidelines</b>	<p>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.</p> <p>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.</p> <p><b>Once the member has been discharged, please notify us of the discharge date.</b></p>	
<b>Concurrent Review</b>	<p><b>Definition:</b> 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.</p> <p>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.</p> <p>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.</p>	
<b>Contact Information</b>	Hospital, LTAC, ACR, RTC Admissions	<b>Phone:</b> 1-800-528-0934 <b>Fax:</b> (651) 662-7006
	SNF Admissions	<b>Phone:</b> (651) 662-5540    (Initial Admission) <b>Fax:</b> (651) 662-1004    (Concurrent Reviews)