Inpatient Notification & Prior Authorization Request Form



For Initial and Continued Stay Review (See next page for additional instructions)

Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) participating providers are required to use the Availity Essentials® Provider Portal to submit inpatient notifications, preservice prior authorization requests, and continued stay 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 <u>Availity.com/essentials</u> to ensure a timely review.

Non-participating providers without electronic access can fax this form, along with clinical records to support the request. See page 2 for fax instructions.

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Type of request:	 Medical Mental Health 23-hour Observat *For LTAC, Inpatient Rehabilitation, please utilize the specific form. See 	ion Mental Health Residential Tre	
Admissio	on court ordered? Yes No	Admission due to emergency	y hold? 🗌 Yes 🗌 No
		fy that applying the standard review time me naximum function per Federal definition of	
	Facilit	y Information	
Person completing for	m:		Clinic Facility
Phone:		Fax:	
Facility NPI / Tax #: _		Facility Provider ID #:	
Facility name:			
Facility address:			
City/State/ZIP:			
	Patier	t Information	
Member name:		Gender:	□ M □ F □ X
-	Inpatient	Stay Information	
Is this the initial review		Has the member already been admitted	? Yes No
	ay/Concurrent review?	•	
	•	ischarge date:	
		NPI / Tax #:	
• • •			
• • •	-		
		diagnosis code:	
• •	-	prization number (if applicable):	
•			

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

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	Fax: (651) 662-7006		
LTAC, Inpatient Rehabilitation and SNF admissions please utilize the specific form for these reviews.				

These forms can be found on our website in the provider section under form and publications, precertification forms.