absolute total care | Healthy Connections

INPATIENT AUTHORIZATION FORM
(SOUTH CAROLINA)

Inital Request/Notificaitons: 1-866-912-3606
Concurrent Clinicals **Fax** to 1- 866-653-6349
Behavioral Health Requests: **Fax** 1-833-493-3349

☐ Standard Request - Determination within 14 working days of receiving all necessary information

☐ Urgent Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 48 hours to avoid complications and unnecessary suffering or severe pain.

x _____ PHYSICIAN MUST SIGN FOR URGENT PRIORITY REVIEW. IF WE DO NOT HAVE THE PHYSICIAN'S SIGNATURE, IT WILL BE PROCESSED AS A STANDARD REQUEST.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID/Medicaid ID *

Last Name, First *

Date of Birth * (MMDDYYYY)

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)

Start Date OR Admission Date * (MMDDYYYY)

Diagnosis Code * (ICD-10)

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)

Delivery
779 C-Section Delivery
720 Vaginal Delivery

Post Acute Placement
427 Rehab
121 Long Term Acute Care
402 Skilled Nursing Facility
492 Subacute

Acute Admissions
490 Boarder Baby
970 Medical
300 Neonate
414 Premature/False Labor
411 Surgical
992 Transplant

☐ *(Check Box for Elective Inpatient Pre-Service Request)*

BEHAVIORAL HEATLH
528-BH-Chemical Substance Abuse
529-BH-Psychiatric Admission
531-BH-Eating Disorders
532-BH-Crisis Stabilization Unit
535-BH-Residential Treatment-Substance Abe
536-BH-Residential Treatment-Mental Health

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.