

Medicare or Medicaid Inpatient Procedure/Service Request Form

- ☐ Inpatient
☐ Elective Inpatient
☐ IRF/IPR
☐ LTAC
☐ SNF

Please fax inpatient requests to:

Medicare: 833-459-0784

Medicaid: 844-220-9565

Please fax post-acute requests to:

Medicare: 833-459-0783

Medicaid: 844-220-9572

For questions, call: 1-800-881-2166, option 2

Please indicate if this is an expedited request ☐

Please note: The Centers for Medicare and Medicaid Services (CMS) and National Committee of Quality Assurance (NCQA) defines an expedited request as a request for a determination that must be made quickly because waiting for a standard decision could seriously jeopardize a member's health, life, or ability to regain maximum function.

Member Info:

Name:	DOB:	ID#:
-------	------	------

Admission/Procedure Code(s) for Elective Admission:

CPT/HCPC Code(s):	1	2	3	4	5
-------------------	---	---	---	---	---

Additional codes:

Date of Admission:	Diagnosis code(s):
--------------------	--------------------

Requesting Provider:	*Tax ID and NPI required
-----------------------------	---------------------------------

Name:	Group Name:
-------	-------------

NPI:	Tax ID:
------	---------

Phone:	Fax:
--------	------

Treating Facility:	*Tax ID and NPI required
---------------------------	---------------------------------

Hospital/Facility Name:

NPI:	Tax ID:
------	---------

Phone:	Fax:
--------	------

Contact Information:		
Name:		
Phone:	Ext:	Fax:

Important: Please submit clinical documentation to support medical necessity including but not limited to: H&P, office notes, laboratory and imaging results, and skilled therapy reports.

Visit our list of codes that require or do not require authorization at:

[Search PAL List: Sentara Health Plans](#)