

# Medicare: Authorization request for inpatient Skilled Nursing Facility

**Optima Medicare Advantage | Optima Community Complete (DSNP)**

Health Care Services-Hospital Review Team

This form should be submitted for currently hospitalized Optima Medicare or DSNP members.

This is for future inpatient skilled nursing facility requests.

Hospital Review Team Fax: (757) 963-9621 or  
1-844-220-9572

Member Name / Last, First	Member ID / Policy#	Date of Birth / Age	Today's Date

☐ Skilled nursing facility

Date of service: \_\_\_\_\_

Requesting Provider: (Full Name): \_\_\_\_\_

Optima ID or Tax or NPI #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following information is required to process your request:

Diagnosis Code(s): \_\_\_\_\_ / Diagnosis: \_\_\_\_\_

Procedure Codes: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hospital/Facility (Full Name): \_\_\_\_\_

Tax ID or NPI: \_\_\_\_\_

Person Completing this Form: \_\_\_\_\_

Phone: \_\_\_\_\_ / ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Please attach relevant clinical documentation to this request. Requests missing pertinent information could delay authorization processing.

**\*\* Note: if you are submitting a request for an OHCC member to receive nursing facility services or long-term support services-this is not the correct form. Please go to [optimahealth.com](http://optimahealth.com) under the provider tab to locate the correct NF request form. \*\***