

Commercial Behavioral Health Inpatient Request Form

Inpatient

Residential

Urgent

Fax requests for **inpatient** level of care, acute, and preservice to: 757-431-7763 / 1-844-723-2096

The National Committee for Quality Assurance (NCQA) defines an urgent request as a request for medical care or services where application of the time frame for making routine or non-life-threatening care determinations:

- Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgement, *or*
- Could seriously jeopardize the life, health, or safety of the member or others, due to the member's psychological state, *or*
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

Member Information:							
Name:		DOB:		Member ID#:			
Admission/Procedure:							
CPT/HCPC Code(s):	1	2		3	4	5	
Additional codes:							
Date of Service:				Diagnosis code(s):			
Requesting Provider:				*Tax ID and NPI required			
Name:				Group Name:			
NPI:				Tax ID:			
Phone:				Fax:			
Facility:				*Tax ID and NPI required			
Hospital/Facility Name:							
NPI:				Tax ID:			
Phone:				Fax:			

Person Completing Form:					
Name:					
Phone:	Ext:	Fax:			

Important: Please submit all supportive clinical documentation to substantiate the need for service, including but not limited to: H&P, behavioral and physical assessments, office notes, laboratory and imaging results, vital signs including CIWA/COWS score(s) if applicable, current psychiatric medications, treatment plan, and expected plan.

Visit our list of codes that require or do not require authorization at pal.sentarahealthplans.com.

Note: All inpatient admissions require preauthorization or authorization of stay for claims and payment. Authorization is not a guarantee of payment.