# Admission/Concurrent Review Fax Form

PREMERA BLUE CROSS

Admission and discharge notification required. If we don't receive notification and medical records, claims may pend or deny.

**Maternity Admission Exception:** Maternity admission notifications are required only if the patient's stay is over 48 hours for vaginal birth or 96 hours for a C-section, from the date of delivery.

**Complete and fax to: 888-742-1487 (Form MUST be on the first 2 pages of submission and cannot be handwritten)**

**Complete all required* fields.**

***MEMBER/PATIENT** _____ *Date of Birth _____

*Member ID _____ *Suffix _____ Group # _____

**Maternity only (NICU):** Birth Mother's Name: Baby Gender: Twins: ☐

## Facility Contact:

***Contact name:**
***Phone:**
***Fax:**
**Utilization Review Information:**
***Phone:** ***Fax:**

## Admission:

*Admit date:
Discharge date: Pending ☐
*ICD diagnosis code:
*Procedure code (CPT):
**Required for Surgical Admissions**

## Admitting Physician:

*Physician name:
***Phone:**
***Fax:**

Hospitalist(Address same as Facility) ☐
Not a Hospitalist (Address required below)☐

Address:
City: State: ZIP:
TIN (required) #: NPI# (required):

## Facility:

***Facility name:**
***Address:**
***City:** **State:** **ZIP:**
***TIN # (required):** **NPI # (required):**

## *Type of Admit: (check only one box)

**Acute Inpatient:** (Fax medical records to **888-742-1487.**)

☐ Detox ☐ Psychiatric admit
☐ Planned ☐ Emergency
☐ Neonatal intensive care unit (NICU)
☐ Direct admit from provider's office

**Lower Levels of Care:** (Fax medical records to **888-742-1487.**)

**Prior authorization required for all lower levels of care listed below**

☐ Inpatient Rehab (IPR) ☐ Neuro Rehab
☐ Skilled Nursing (SNF) ☐ Long-term Acute Care (LTAC)
☐ Residential Treatment Center (RTC) – Detox (Level 3.7)
☐ Residential Treatment Center (RTC)
☐ Mental Health ☐ Substance Use (Level 3.3-3.5) ☐ Eating Disorder
(Choose primary diagnosis above)

***Observation – No Notification Needed – Do not Submit Form

## ☐ URGENT REQUEST

Urgent requests must be signed and include supporting documentation from the provider's office, noting that standard timeframes for making a non-urgent determination could:

- Seriously jeopardize the life/health of the patient or the ability to regain maximum function, **or**
- 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 provider with knowledge of the member's medical or behavioral condition, subject the patient to adverse health consequences without the requested care or treatment.

**I attest that this request meets the urgent definition described above: MD signature:** _____

This is not a pre-authorization of benefits nor a guarantee of payment. This admission notification is based on diagnosis and medical information submitted and is subject to all contract terms, including, but not limited to, member benefits, benefit maximums and subscription charge payment covering dates of service. Unless specifically requested elsewhere in this document, please do not send a DNA or other genetic sample, or the results of any genetic typing, test, or analysis, including DNA.