# Inpatient Admission/Concurrent Review Request
# FEP only – Alaska

PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

Admission precertification and concurrent review is required for all Blue Cross and Blue Shield Federal Employee Program (FEP) members.

**Complete and fax this form with medical records to FEP fax 866-948-8823. Form MUST be on the first 2 pages of submission and cannot be handwritten.**

**Prior authorization required for all admissions**
**Maternity admission exception:** Precertification is 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.

If authorization for a stay is not obtained but inpatient level of care is determined to be medically necessary, payment for the stay will be reduced by $500.

Discharge notification is also required.

**Complete all required* fields.**

***Member ID:** ***Patient name:** ***Date of Birth:**

## Facility Contact:

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

## Facility:

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

## Admission:

*Admit date:
*Discharge date:
*ICD diagnosis code:
*Procedure code: **Required for Surgical Admisions**

## 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)**:

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

**Acute Inpatient: (Fax medical records to FEP fax 866-948-8823)**

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

**Lower Levels of Care: (Fax medical records to FEP fax 866-948-8823)**

- ☐ 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 precertification 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.

BlueCross BlueShield
Federal Employee Program

fepblue.org

# NONDISCRIMINATION NOTICE

The Blue Cross and Blue Shield Service Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## The Blue Cross and Blue Shield Service Benefit Plan:

**Provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

**Provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Civil Rights Coordinator of your local Blue Cross and Blue Shield company by calling the customer service number on the back of your member ID card.

If you believe that this Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator of your local BCBS company. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, your local BCBS company's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
**1-800-368-1019, 800-537-7697** (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html.**

**Language assistance**

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

اتصل برقم خدمة العملاء الموجود على بطاقة هُويتك للحصول على المساعدة باللغة العربية.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telefone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

**برای دریافت راهنمایی به زبان فارسی ، با شماره خدمات مشتری که بر روی کارت شناسایی شما درج شده است تماس بگیرید..**