INPATIENT AUTH REQUEST FAX COVER SHEET

(Call Provider Line at 800-798-2254, Option 3, then fax to 866-220-4495)

Date: Client Name: #of Pages (including cover sheet):

Hospital Name: Facility Type: ☐ Fee for Service, ☐ Short Doyle

Intake Point of Contact: Phone #: Fax #:

UR Point of Contact: Phone #: Fax #:

Admission & Insurance Information (required upon initial request and as changes occur):

Admit Date:

Attending Physician:

Legal Status:

(72hr/ 14 day/ 30 day/ T-Con/ P-Con/ Voluntary)

Reason for Admission: ☐ DTS ☐ DTO ☐ GD ☐ OTHER

Medi-Cal or SSN:

Client DOB:

San Diego Medi-Cal: ☐ Yes ☐ No

If MediCare/OHC - Start date of Medi-Cal Coverage:

✓ Must include EOB or Letter of Non-Coverage

☐ **Admit Auth Request:**

Days Requested (up to 3 Acute, up to 1 Admin)

Acute #: Start date Acute:

Admin #: Start date Admin:

Documents Required:

✓Complete Face Sheet
(See Appendix 1 of Optum Auth Request Process)

✓Admission Orders

✓Initial Plan of Care
(See Appendix 2 of Optum Auth Request Process)

✓If Admin Day, Disposition Plan/Location
Call Logs (if applicable)

☐ **Continued Auth Request:**

Days Requested (up to 4 Acute, up to 7 Admin)
End Date of previous Authorization:

Acute #: Start date Acute:

Admin #: Start date Admin:

Documents Required:

✓Continued Plan of Care
(See Appendix 3 of Optum Auth Request Process)

✓Additional Information

✓If Admin Day, Disposition Plan/Location
Call Logs (if applicable)

☐ **Expedited/Informal Appeal:**
(Submit within 2 business days of NOABD fax Date)

First denied date of service(s) on NOABD:

Documents Required:

✓Updated Plan of Care/Additional Information

☐ **Discharge:**

- ✓ Admission Date:
- ✓ Dates of Acute Days:
- ✓ Dates of Admin Days:
- ✓ Discharge Date:

Documents Required:

✓Discharge Plan/Summary

☐ **Clinical Consultation (unrelated to NOABD):**

Updated # of days requested (up to 4 Acute, up to 1 Admin)

Acute #: Start date Acute:

Admin #: Start date Admin:

Documents Required:

✓Updated Plan of Care/Additional Information