

CareFirst CHPMD NICU Pre-Authorization Request Form

INSTRUCTIONS		
Please complete all fields for a timely response to avoid a delay of authorizations and submit this request via fax to 443-552-7407 or 443-552-7408 . IMPORTANT: Please submit supporting clinical documentation. Please separate requests if more than one infant/multiple.		
Name	Date	
Phone	Fax	
CareFirst CHPMD Provider ID Number, or Individual NPI Number (under which you bill claims). Note: Enter Hospital/Facility NPI in space indicated lower on page.		
Mother's Name	Date of Birth	Discharge Date
Infant's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Infant's Date of Birth	
Mother's Member Identification Number	Group Number	
Address	Phone	
City	State	Zip
Date(s) of Service or Admission Date(s)	Level of Care (Revenue Code) (check one) <input type="checkbox"/> 171 <input type="checkbox"/> 172 <input type="checkbox"/> 173 <input type="checkbox"/> 174	
Place of Service (check one) <input type="checkbox"/> Inpatient - Emergent <input type="checkbox"/> Inpatient - Scheduled <input type="checkbox"/> Outpatient <input type="checkbox"/> Other: _____		
Admitting/Treating Physician's Name		
Provider's NPI Number	Phone	
Physician's Address		
Diagnosis Code(s) (ICD-10)	Procedure Code(s) (CPT-4)	
Hospital/Facility	UR Phone	
Hospital/Facility Address		
Hospital/Facility Phone	Hospital/Facility NPI Number	
REQUESTOR INFORMATION		
Contact Name	Date of Request	
Callback Phone	Callback Fax	

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URGENT REQUEST	
Provider believes that waiting for a decision under the standard timeframe will place member's life, health, or ability to regain maximum function in serious jeopardy. ____ No ____ Yes, then please call 1-844-386-6762 for expedited review	
APPROVAL INFORMATION (for Health Plan Only)	
Authorization #	Approval Date Range
Approval Date	Reviewer/Approver

If you need to speak to a Utilization Management Representative, call **1-800-730-8543 Option 8**.

SERVICES ARE NOT CONSIDERED AUTHORIZED UNTIL CAREFIRST BLUECROSS BLUESHIELD COMMUNITY HEALTHPLAN MARYLAND ISSUES AN APPROVAL.

- **This authorization does not guarantee payment of claim.**
- **All authorizations are subject to eligibility requirements and benefit plan limitations.**

MAY PHOTOCOPY FOR OFFICE USE

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