

Instructions

Complete this form and submit it along with supporting clinical documentation when requesting authorization for admissions to and extensions of stays at acute medical inpatient facilities.

How to submit:

- **For facilities in Michigan:** You must submit all prior authorization requests through the e-referral system. When you're unable to submit a request through the e-referral system, complete this form and fax it together with the required clinical documentation as follows:
 - UAW Retiree Medical Benefits Trust (URMBT) Blue Cross non-Medicare requests: Fax to 1-866-915-9811.
 - Other Michigan facility Blue Cross commercial requests: Fax to 1-800-482-1713.
 - BCN commercial requests: Fax to 1-866-313-8433.
- **For non-Michigan facilities that have access to Availity®:** You can fax these requests to the numbers below or submit them using the e-referral system, which you can access through Availity as follows:
 1. Log in to Availity.
 2. Enter the member's contract number from their ID card. Be sure to include the alpha prefix. Availity will determine the member's plan and take you to the Pre-Service Review for Out-of-Area and Local Members screen.
 3. Click *e-referral*, under the Authorization Vendors heading.
- **For non-Michigan facilities without access to Availity:** Fax the completed form together with the required clinical documentation as follows:
 - UAW Retiree Medical Benefits Trust (URMBT) Blue Cross non-Medicare requests: Fax to 1-866-915-9811.
 - Other Blue Cross commercial requests: Fax to 1-866-411-2585.
 - BCN commercial requests: Fax to 1-866-313-8433.

IMPORTANT: Requests submitted with no supporting clinical documentation will not be accepted.

- Supporting clinical documentation is required to be submitted with the initial request in order for the request to be processed in a timely manner. This includes the H&P; physician or nurse progress notes (or both); admission orders; lab or radiology results (or both); and any other pertinent information that demonstrates the medical necessity of the inpatient stay.
- All Blue Cross commercial and BCN commercial LTACH requests must be submitted on an [LTACH assessment form](#).
- All Blue Cross commercial and BCN commercial SNF/acute IPR requests must be submitted on a [SNF/acute IPR assessment form](#).

NOTES:

- If non-emergency air ambulance transport is needed, prior authorization is required. To request prior authorization, follow the instructions on the document titled [Non-emergency air ambulance prior authorization program: Overview for Michigan and non-Michigan providers](#). Do this prior to the flight.
- If the request is for an organ transplant and authorization has not been obtained, call the Human Organ Transplant Program department at 1-800-242-3504.

By submitting this form, you are attesting to the following:

- You've verified the member's eligibility and benefits and you understand that authorization is not a guarantee of payment.
- You understand that facility and professional providers must participate with their local Blue plan or the member may incur higher costs.

Type data into every field unless otherwise noted. Enter N/A if not applicable.

Type of request: Initial authorization Continued stay / extension of stay

Patient information			
Patient name	Patient date of birth	Subscriber ID	Patient phone number
Admission information			
<input type="checkbox"/> Direct admission	<input type="checkbox"/> ER admission	<input type="checkbox"/> Elective admission	Admission date
Discharge date (if known)			
Facility name	Facility NPI number	Facility phone number	
Facility street address	Facility city	Facility state	Facility ZIP code
Admitting physician name	Admitting physician NPI number	Admitting physician phone number	
Facility information			
Contact name	Contact phone number	Contact fax number	Is clinical documentation attached as required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of admission			
Select one:			
<input type="checkbox"/> Medical admission. Indicate admitting diagnosis (include ICD-10 code): _____			
<input type="checkbox"/> Surgical admission. Indicate:			
Diagnosis (include ICD-10 code): _____			
Surgical procedure *CPT codes: _____			
Care management			
Blue Cross and BCN offer care management assistance for discharge planning.			
Would you like a referral made to our Care Management department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
For URMPT requests only: Discharge plans (need to be initiated upon admission)			
Discharge date (tentative/actual)	Resides: <input type="checkbox"/> Alone <input type="checkbox"/> With spouse <input type="checkbox"/> With other	Support (check all that apply): <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Family/friend <input type="checkbox"/> HHC <input type="checkbox"/> Other	
Discharge to home: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternative level of care: <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Adult foster home <input type="checkbox"/> Assisted living		
If no, indicate alternative level of care.	<input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Long-term center <input type="checkbox"/> Other: _____		

*CPT Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.