

Advantage DualPrime 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 443-753-2182 or 833-915-3865. IMPORTANT: Please submit supporting clinical documentation. Please separate requests if more than one infant/multiple.		
Name	Date	
Phone	Fax	
CareFirst 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	

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage DSNP Inc., an independent licensee of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Advantage DualPrime NICU Pre-Authorization Request Form

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
Callback Phone	Callback Fax

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 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

CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage DSNP Inc., an independent licensee of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.