Print Clear form

MASSACHUSETTS

PRE-CERTIFICATION / PRE-AUTHORIZATION REQUEST FORM

FOR PROCEDURES AND ADMISSIONS

Please **attach clinical information** to support medical necessity and fax to a number at the bottom of the page.

PROVIDER INFORMATION

Hospital/facility name:		Hospital/facility NPI:	
Hospital/facility address:			
Name of person completing this form:		Date form completed:	
Phone:		Fax:	
Admitting physician name:		Admitting physician NPI:	
Admitting physician address:			
Date of admission (tentative):		Estimated length of stay:	

PATIENT INFORMATION

Patient name:		Phone:	
Date of birth:		Caregiver:	
Member ID:		Hospital record number:	
Address:			
Primary care provider name:		Primary care provider NPI:	

SERVICE TYPE (SELECT ONE)

Ambulatory Surgical Procedure (outpatient):	☐	Medical admission ***urgent:***	☐
Surgical admission (inpatient):	☐	Medical admission ***emergent***:	☐
Observation Services:	☐	Medical admission ***elective***:	☐
Transplant:	☐	Obstetrical admission (inpatient):	☐
Other:	☐		

DIAGNOSIS/PROCEDURE

Principal Diagnosis:	
ICD-10 code:	
Description:	

Principal Procedure:	
CPT code:	
Description:	

Clinical indications for admission or procedure (signs, symptoms, test results) and rationale if out-of-network:

Fax to the appropriate number:

Additional requested clinical information	888-282-1321
• Medicare Advantage & Federal Employee Program additional clinical information	866-577-9682
Current inpatient notification	866-577-9678
Authorizations & referrals:	
• Federal Employee Program	888-282-1315
• Medicare Advantage	800-447-2994
• Medical & surgical	888-282-0780