

NICU Authorization Request Form

INSTRUCTIONS

For Participating and Non-Participating Providers: Please complete all fields for a timely response to avoid a delay of authorizations. In most cases, you should receive a response via fax or telephone within two business days.

Please submit this request via fax to **410-781-7661** or you may call **866-773-2884** and select **Option 1**.

IMPORTANT:
Please submit supporting clinical documentation if CareFirst does not have EMR access to your facility.
Please submit separate requests if more than one infant/multiple.

Name		Date	
Phone		Fax	
CareFirst Provider ID Number, or Individual Practitioner NPI (under which you will bill claims). <i>Note: Enter Hospital/Facility NPI # lower on page.</i>			
Mother's Name		Mother's Date of Birth	
Mother's Discharge Date	Infant's Gender Male Female	Infant's Date of Birth	
Mother's Member Identification Number		Group Number	
Address		Phone	
City		State	ZIP Code
Date(s) of Service or Admit Date(s)		Level of Care (Revenue Code) (check one) 171 172 173 174	
Place of Service (check one) Inpatient—Emergent Inpatient—Scheduled Outpatient Other: _____			
Admitting/Treating Physician's Name			
Provider 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	