**Service Authorization Request for High Dollar Inpatient Stays**

**Inpatient (IP) hospital stays billed equal to or greater than $300k require a service authorization PRIOR to submitting a claim to DVHA’s fiscal agent. DVHA clinical staff complete review of high dollar medical and behavioral health inpatient (IP) stays to ensure the appropriate use of health care services and medical necessity. It is the responsibility of the provider to furnish documentation (as outlined below) that supports the billed level of care with this service authorization request. To obtain authorization please submit the clinical documentation and this form to the fax number indicated below. Authorization is required for medical and behavioral health inpatient stays regardless of ACO attribution status (stays for ACO members are not exempt). Details can be found in the General Billing and Forms Manual at** [**vtmedicaid.com**](http://vtmedicaid.com/#/home)**.**

**Beneficiary Information**

**Patient Last Name:**

**Medicaid ID Number:**

**Date of Admission: First Name:**

**Date of Birth:**

**Date of Discharge/Anticipated (please circle):**

**Provider and Facility Information**

**Attending/Admitting**

**Provider Name:**

**Facility Name:**

**Facility NPI:**

**Billing Contact Name and Phone #:**

**VT Medicaid Provider #:**

**VT Medicaid Provider #**

**(Facility):**

**Facility Address:**

**UR Contact Name and Phone #:**

**See Page 2 for Required Documentation**

**Submission Instructions**

**Documentation Provided Must Support Level of Care**

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| ***Behavioral Health IP Stays:***  **Please submit this form along with the below documentation to fax # (855) 275-1212:**  **Initial assessment**  **Discharge summary**  **Daily Progress notes (highlight justification for requested LOC)**  **MD/attending provider**  **Social work**  **Applicable Labs**  **Level of care being requested (see below)** | ***Medical IP Stays:***  **Please submit this form along with the below documentation to fax # (802) 879-5963:**  **History & Physicals (H&P) from this inpatient stay**  **Discharge summary**  **Daily Progress notes (highlight justification for requested LOC)**  **☐ Procedure notes**  **Abnormal labs, diagnostic reports**  **Level of care being requested (see below)** |

**\*Please note: DVHA may request additional documentation to support the medical necessity of the inpatient stay.**

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| **Dates of Service** | **Level of Care Requested** |
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