



**INPATIENT AUTH REQUEST  
FAX COVER SHEET**

Call Provider Line at 800-798-2254, Option 3, and FAX to 866-220-4495  
# of Pages (including cover sheet):

Date:  
Client Name:  
Hospital Name:  
Intake Point of Contact:  
Intake Phone #:  
UR Point of Contact:  
UR Phone #:

Facility Type:  In Network  Out of Network  
Intake Fax #:  
UR Fax #:

**Admission & Insurance Information (required upon initial request and as changes occur):**

Admit Date: Medi-Cal or SSN:  
Admitting Physician: Client DOB:  
Legal Status: If Medicare Part A or Other Health Coverage, must  
(ex. 72hr/ 14 day/ 30 day/ T-Con/ P-Con/ Voluntary) include EOB or letter of non-coverage.  
Reason for Admission:  DTS  DTO  GD  OTHER OHC end date:

**Admit Auth Request:**

# Days Requested (up to 3 Acute, up to 1 Admin)  
Provider Line Agent Name: \_\_\_\_\_

Acute #: \_\_\_\_\_ Request Start date: \_\_\_\_\_  
Admin #: \_\_\_\_\_ Request Start date: \_\_\_\_\_

**Documents Required:**

- Complete Face Sheet (See Appendix 1 of Optum Auth Request Process)
- Admission Orders
- Initial Plan of Care (See Appendix 2 of Optum Auth Request Process)
- If Admin Day, Disposition Plan/Location – Call Logs (if applicable)

**Continued Auth Request:**

# Days Requested (up to 4 Acute, up to 7 Admin)  
Previous authorization End date: \_\_\_\_\_

Acute #: \_\_\_\_\_ New Req Start date: \_\_\_\_\_  
Admin #: \_\_\_\_\_ New Req Start date: \_\_\_\_\_

**Documents Required:**

- Continued Plan of Care (See Appendix 3 of Optum Auth Request Process)
- Additional Information
- If Admin Day, Disposition Plan/Location Call Logs (if applicable)

**Expedited/Informal Appeal:**

(Submit within 2 business days of NOABD fax date)

First denied date of service(s) on NOABD: \_\_\_\_\_

**Documents Required:**

- Updated Plan of Care/Additional Information

**Discharge:**

Admission Date: \_\_\_\_\_  
Dates of Acute Days: \_\_\_\_\_  
Dates of Admin Days: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_

**Documents Required:**

- Discharge Plan/Summary

**Clinical Consultation (unrelated to NOABD):**

Updated # of days requested (up to 4 Acute, up to 1 Admin)

Acute #: Start date Acute:  
Admin #: Start date Admin:

**Documents Required:**

- Updated Plan of Care/Additional Information

**Notice of Disclosure and Confidentiality**

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## San Diego Medi-Cal Beneficiary in Out of County Hospital Inpatient Concurrent Review Authorization Process



### Step 1

Once accepting hospital and accepting physician is identified, **call** Optum Provider Line at 800-798-2254, Option 3, then Option 1 for Inpatient Utilization Management representative, within 24 hours of admit. Ensure to provide accepting hospital's Utilization Review (UR) contact info (name/phone/fax).



### Step 2

**Fax** to Optum at 866-220-4495 completed "**Optum Inpatient Auth Request Fax Cover Sheet**", requesting up to 3 acute/1 administrative day, and:

- Face Sheet
- Admission Order
- Initial Plan of Care
- Any recent documentation supporting medical necessity

Most updated version of Optum Fax Cover Sheet available at <https://www.optumsandiego.com/> "BHS Provider Resources", then "Fee For Service Providers", then "Inpatient Authorization



### Step 3

Optum will communicate the determination in writing within 24 hours of receipt of a complete admit authorization request.



### Step 4

Optum will contact accepting hospital (UR) the following business day to further orient on continued stay authorization and the "San Diego Inpatient Concurrent Review Authorization Process", also available at <https://www.optumsandiego.com/> "BHS Provider Resources" drop-down, then "Fee For Service Providers", and "Inpatient Authorization Request".

*\* Out of State facilities (non CA bordering community), please call Optum Provider Line M-F 8am-5pm PST for support with retroactive authorization request submission.*