Inpatient Authorization Request

Instructions: Please address all pages of this form. There may be a delay in response if this form is not completed in its entirety. All fields in this form are required unless otherwise indicated (optional / applicable). If you have questions about this request, call Blue Cross Blue Shield of North Dakota (BCBSND) Utilization Management at 800-952-8462.

Please send the completed authorization request form with all supporting clinical documentation by:

- Fax: 701-277-2971
- Mail: BCBSND
  Attn: Utilization Management
  4510 13th Ave S
  Fargo, ND 58121

Member Information	
Patient First Name	Patient Last Name
Patient Date of Birth	Member ID (including alpha-numeric prefix)
Relationship to Subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other	

Service Information–Inpatient
Service Type (Select One) **If request is for outpatient services, please utilize Outpatient Authorization Request Form.** ☐ Medical ☐ Surgical ☐ Transplant ☐ Psychiatric ☐ Substance Use
Place of Service (Select One) ☐ Inpatient Hospital ☐ Inpatient Rehab Substance Use (3.7) ☐ Residental Treatment Center ☐ Inpatient Hospice ☐ Transitional Care Unit (TCU) ☐ Long Term Care Facility ☐ Swing Bed ☐ Skilled Nursing Facility ☐ Inpatient Hospital Detox ☐ Acute Medical Inpatient Rehab Facility
Request Type (Select One) ☐ Initial (Complete Initial Service Information Section) ☐ Concurrent (Complete Concurrent Service Information Section)

Initial Service Information	
Start of Care Date	End of Care Date (If applicable)

Concurrent Service Information	
Start Care Date	Previously Approved Services
Start Date of Concurrent Care Request	CASE Number or REQ Number of Previous Request

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association

BND-22-0169669 • 12-22

Diagnosis

Diagnosis Code(s) 1 Required (Please use additional page if more ICD-10-CM codes are required)

Code (ICD-10-CM)	Description
Code (ICD-10-CM)	Description
Code (ICD-10-CM)	Description
Code (ICD-10-CM)	Description

Procedure Code

Procedure Code(s) (CPT/HCPCS, **Required for Surgical Request.** Please use additional page if more CPT/HCPCS are requested.)

Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)

Provider Information

Requesting Provider First Name	Requesting Provider Last Name	
Fax Number **(Required)**	Specialty/Taxonomy Code (Optional)	
TIN (Optional)	NPI	
Address Line 1		
Address Line 2 (Optional)		
City	State	Zip

BND-22-0169669 • 12-22

Servicing Provider/Servicing Facility Information		
Service Provider First and Last Name or Facility Name		
Phone Number **(Required)**	Fax Number **(Required)**	
NPI	TIN (Optional)	
Address		Suite
City	State	Zip

Completion Information	
Completed by Information	
Completed by Name **(Required)**	
Completed by Contact Phone Number **(Required)**	Today's Date
Contact for Additional Questions	
Additional Contact Name	Additional Contact Phone Number

Additional Codes If Needed	
Diagnosis Code(s) 1 Required	
Code (ICD-10-CM)	Description
Code (ICD-10-CM)	Description
Code (ICD-10-CM)	Description
Code (ICD-10-CM)	Description
Code (ICD-10-CM)	Description
Code (ICD-10-CM)	Description

Additional Codes If Needed	
Procedure Code(s)	
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)
Code (ICD-10-CM)	Description
Quantity Requested	Quantity Type (Days/Units)