

Clinical Review for Outlier Days to Original DRG Approval Request Form



All fields are **required**. Clinical documentation supporting the rationale for the authorization of outlier days must be submitted at the time of the request. An incomplete request form and/or missing clinical documentation will delay the authorization process. Please fax to **1--833-329-3586**.

Member information		
Last name:		
First name:		
Member date of birth:	Member ID number:	Gender:

Requesting hospital information	
Hospital name:	
Tax ID:	NPI:
Contact name:	
Contact number:	Fax number:

Request details
Approved authorization number:
Date of admission:
Admitting diagnosis:
Original DRG given:
Date of condition change:
Rationale for requesting additional DRG days: