

# Clinical Review for Outlier Days to Original DRG Approval Request Form



Coverage by AmeriHealth First.

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 **1-855-859-4111**.

## 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: