BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association.

PREADMISSION CERTIFICATION

P.O. Box 2504
Birmingham, Alabama 35201- 2504

Dear Doctor:
Preadmission Certification is designed to promote the utilization of outpatient service in place of the inpatient hospital setting, when appropriate. Prior to the admission, Blue Cross and Blue Shield of Alabama must review the medical necessity of the inpatient setting. Please complete Section II of this page to facilitate this process. Failure to obtain preadmission certification may result in denial of benefits. Please telephone Blue Cross and Blue Shield of Alabama at the telephone number listed below for emergency admissions within 24-48 hours of the admission date.

I. PATIENT INFORMATION

Patient Name	Subscriber Name (If not Patient)			Contract Number	Group-Division Number
Street Address	City	State	ZIP	Home Telephone Number	Work Telephone Number
Date of Birth	Signature of Subscriber or Dependent of Legal Age				

II. ADMISSION INFORMATION

Primary Admitting Diagnosis	ICD-9 Code	Secondary Admitting Diagnosis	ICD-9 Code

Proposed Admission Date	Proposed Surgery Date	Name of Admitting Hospital or Facility	Recommended Length of Stay

Brief Summary of Previous Outpatient Treatment	Proposed Surgical Procedure(s)	CPT Codes
☐ Continued on Attached Sheet	☐ Continued on Attached Sheet	

Medical Factors Indicating Need for Hospitalization	Outline of Proposed in Hospital Treatment Plan
☐ Continued on Attached Sheet	☐ Continued on Attached Sheet

III. PHYSICIAN INFORMATION

I certify that this inpatient admission is medically necessary for the diagnosis given. I also certify that this patient could not use any of the alternatives to inpatient coverage available to him/her. I understand that this inpatient admission is subject to medical review.

Attending Physician's Name	Alabama Provider # (if applicable)	Office Telephone	Mailing Address, City, State, ZIP
Contact Person	Doctor's Signature		Date

Please return this form to:
BLUE CROSS AND BLUE SHIELD OF ALABAMA
ATTENTION: Preadmission Certification
P.O. Box 2504
Birmingham, Alabama 35201-2504

Call: **1 800 248-2342**
or
Telefax: **866 713-6516**

PRO-70-1 (Rev. 8-2006)

QUALITY ASSESSMENT REVIEW

Reviewer _____ Date Received _____ Date Reviewed _____

Admission Coverage Approved ☐ YES ☐ NO ☐ OTHER (If no, immediately refer to Level III Consultant)

(See Comments Below)

Reason for Decision _____

Estimated Length of Stay _____ Diagnosis Code(s) _____

Levell III Consultant _____ Date Reviewed _____

Admission Coverage Approved: ☐ YES ☐ NO Authorization Code _____

Reason for Decision _____

Alternative Care Recommended? ☐ YES ☐ NO

If yes, specify type of care _____

ADDITIONAL COMMENTS