Inpatient Certification Program
Post Office Box 105110
Jefferson City, MO 65110-5110
Phone 1.800.766.0686
Fax: 1.866.629.0737

MO HealthNet Utilization Review (UR) Program

Inpatient Certification Request Form

☐ **Pre-certification** ☐ **Initial Certification** ☐ **Continued Stay** ☐ **Retrospective (Post Discharge)**

Admit Date Change Request From: _____/_____/_____ To: _____/_____/_____ (Copy of admission order is required)

Date of Medicare Part A exhaustion (if applicable) _____/_____/_____

☐ **Request for Reconsideration of Medically Denied Days**

Requestor's name: _____ Date: _____/_____/_____

Requestor's phone # (_____)_____-_____ Fax # (_____)_____-_____

Participant name: _____ D.O.B _____/_____/_____

MO HealthNet ID # (DCN): _____ If DCN is unknown, provide SSN: _____-_____-_____

Facility:_____ Facility NPI number _____

Attending Physician:_____ Physician NPI number _____

Physician Address:_____

Physician Phone # (_____)_____-_____ Physician State License # _____

Date of admission or scheduled admission: _____/_____/_____ Date of scheduled surgery: _____/_____/_____

Requested number of days: _____ Requested date range: from _____/_____/_____ through _____/_____/_____

Certification Number (if applicable): _____ Discharge Date: _____/_____/_____

Primary/Admitting diagnosis:_____ Diagnosis code:_____

Present on admission (check one): ☐ Y ☐ N ☐ U ☐ W If POA indicator = **N**, enter date of diagnosis:_____/_____/_____

Other diagnosis: _____ Diagnosis code:_____

Present on admission (check one): ☐ Y ☐ N ☐ U ☐ W If POA indicator = **N**, enter date of diagnosis:_____/_____/_____

Procedure: _____ Procedure code: _____

Clinical Notes:

Y=Present at time of admission, N=Not present at time of admission, U=Documentation insufficient, W=Provider unable to clinically determine

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Please attach a completed form with 10 pages or less of clinical synopsis for faxed in requests. Fax Number: 866-629-0737. For retrospective and/or reconsiderations please mail entire medical record with completed inpatient request form. Mailing Address: Conduent, P.O. Box 105110, Jefferson City, MO 65110. For Fed Ex and UPS: Conduent, 3425 West Truman Blvd., Jefferson City, MO 65109.