Hospital Notification of Emergent Admissions

Fax to: 1-888-800-9005

Keystone First Patient Care Management Team



Facility name:			
Member information			
Date of admission (Keystone First must be no	atified on the first hus	siness day following th	e date of service):
	Date of birth:	siness day ronowing th	Member's name:
Type of admission:			, , , , , , , , , , , , , , , , , , ,
☐ Inpatient ☐ Medical observation (less than 23 hours of stay)			
☐ Short procedure ☐ Obstetric observation (less than 23 hours of stay)			
Diagnosis or reason for admission:			
Attending physician:		Keystone First provider ID number:	
Procedures performed (must be completed for SPU admission):			
Is the member pregnant? ☐ Yes ☐ No			
Estimated date of confinement:		OB practitioner:	
For Keystone First use only Case number:	6087 – UM Disclaimer – Admissions 1A01 The case reference number is for identification purposes only. Authorization is based on medical necessity and is subject to member eligibility and applicable plan benefit limitations. This is not a guarantee of payment.		
Member information			
Date of admission (Keystone First must be notified on the first business day following the date of service):			
	Date of birth:	sg au	Member's name:
Type of admission:			
□ Inpatient □ Medical observation (less than 23 hours of stay)			
☐ Short procedure ☐ Obstetric observation (less than 23 hours of stay)			
Diagnosis or reason for admission:			
Attending physician:		Keystone First provider ID number:	
Procedures performed (must be completed for SPU admission):			
Is the member pregnant? ☐ Yes ☐ No			
Estimated date of confinement:		OB practitioner:	
For Keystone First use only Case number:	6087 – UM Disclaimer – Admissions 1A01 The case reference number is for identification purposes only. Authorization is based on medical necessity and is subject to member eligibility and applicable plan benefit limitations. This is not a guarantee of payment.		
Return the response by: Fax: This will be returned by the next business day. If not indicated, the response will be faxed.)			

Important payment notice

Please note that reimbursement for all rendering network providers subject to the ordering/referring/prescribing (ORP) requirement for an approved authorization is determined by satisfying the mandatory requirement to have a valid Pennsylvania Medical Assistance (MA) Provider ID. Any claim submitted by rendering network providers that are subject to the ORP requirement will be denied when billed with the NPI of an ORP provider that is not enrolled in MA.

To check the MA enrollment status of the practitioner ordering, referring, or prescribing the service you are providing, visit the DHS provider look-up portal at: https://promise.dhs.pa.gov/portal/provider/Home/tabid/135/Default.aspx?mc_cid=b5b718e470&mc_eid=3de0fb2a18.