



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

**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.**

This telefaxed information is intended only for the use of the individuals or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by law relating to confidentiality (42 CFR Part 2) prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, or copying of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us at the above via mail. If you experience difficulty with this transmission, please contact us at the above phone number.