

## Highmark Wholecare - Maternity Outcome Authorization Form

\*\*\* THIS FORM MUST BE FAXED TO HIGHMARK WHOLECARE WITHIN TWO (2) BUSINESS DAYS OF THE MOTHER'S DISCHARGE \*\*\*

Fax Number 1-855-888-8252

Member Number

										*	0	1
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Member Date of Birth

		/			/				
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Member Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Member First Name

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M.I.

--	--

Hospital

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Hospital Provider Number

--	--	--	--	--	--	--	--

UR Contact Person

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

			-				-												
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Fax

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Attending MD (Last name, First name)

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Actual Admit Date

		/			/				
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Actual Discharge Date (for Mom)

		/			/				
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### Delivery Information:

- ☐ Live Birth  
☐ Neonatal Death (live birth)  
☐ Fetal Death:  
    ☐ ≥ 22 weeks gestation (656.40)  
    ☐ < 22 weeks gestation (632)

### Type of Delivery:

- ☐ Vaginal (650)  
☐ C-Section (669.71)  
☐ VBAC (650-primary, 654.21-secondary)

### Birth #1

Date of Birth 

		/			/				
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Birth Time \_\_\_\_\_ (military time)

Gender M / F

Birth Weight \_\_\_\_\_

Apgars \_\_\_\_\_

Gestational Age 

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Gravida/Para \_\_\_\_\_ / \_\_\_\_\_

Home Health Offered? Y / N

Baby Admitted to:

- ☐ Newborn Nursery  
☐ Special Care Nursery  
☐ NICU

### Birth #2

Date of Birth 

		/			/				
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Birth Time \_\_\_\_\_ (military time)

Gender M / F

Birth Weight \_\_\_\_\_

Apgars \_\_\_\_\_

Gestational Age 

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Gravida/Para \_\_\_\_\_ / \_\_\_\_\_

Home Health Offered? Y / N

Baby Admitted to:

- ☐ Newborn Nursery  
☐ Special Care Nursery  
☐ NICU

### Discharge Status:

- ☐ to care of Mom (HB)      ☐ to Foster Care (FC)      ☐ for Adoption (A)  
☐ Fetal Death (MFD)      ☐ Neonatal Death (MND)      ☐ home without baby (NB)

IF MOM DESIRES A POSTPARTUM HOME HEALTH VISIT,  
PLEASE CALL THE UM DEPARTMENT FOR AUTHORIZATION AT 1-800-392-1146, Option #5  
DURING NORMAL BUSINESS HOURS. (MONDAY - FRIDAY 8:30 AM - 4:30 PM)

### FOR HIGHMARK WHOLECARE USE ONLY

AUTHORIZED LENGTH OF STAY \_\_\_\_\_

AUTHORIZATION NUMBER \_\_\_\_\_

Member effective date 

		/			/				
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Disenroll date 

		/			/				
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ADMIT TYPE=MAT