

INPATIENT PRIOR AUTHORIZATION FORM

Standard requests - Determination within 14 calendar days of receiving all necessary information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY



*** Indicates Required Field**

MEMBER INFORMATION

*Medicaid/Member ID _____ Last Name, First _____ *Date of Birth (MMDDYYYY) _____

REQUESTING PROVIDER INFORMATION

*Requesting NPI _____ *Requesting TIN _____ Requesting Provider Contact Name _____
 Requesting Provider Name _____ Phone _____ *Fax _____

SERVICING PROVIDER / FACILITY INFORMATION

↳ Same as Requesting Provider

*Servicing NPI _____ *Servicing TIN _____ Servicing Provider Contact Name _____
 Servicing Provider/Facility Name _____ Phone _____ Fax _____

AUTHORIZATION REQUEST

*Primary Procedure Code <small>(CPT/HCPCS) (Modifier)</small>	Additional Procedure Code <small>(CPT/HCPCS) (Modifier)</small>	*Start Date OR Admission Date <small>(MMDDYYYY)</small>	*Diagnosis Code <small>(ICD-10)</small>
Additional Procedure Code <small>(CPT/HCPCS) (Modifier)</small>	Additional Procedure Code <small>(CPT/HCPCS) (Modifier)</small>	Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity <small>(MMDDYYYY)</small>	Additional Diagnosis Code <small>(ICD-10)</small>

*INPATIENT SERVICE TYPE	(Enter the Service type number in the boxes)
Delivery	414 Premature/False Labor
779 C-Section	402 Skilled Nursing Facility
720 Vaginal Delivery	411 Surgical
Inpatient Rehab	490 Boarder Baby
479 Inpatient Hospital	300 Neonate
220 Comprehensive Inpatient Rehab Facility	209 Transplant Surgery
121 Long Term Acute Care	
970 Medical	

**ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
 COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.**

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered benefit and medically necessary with prior authorization as per Ambetter policy and procedures.

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