



# INPATIENT

Complete and **Fax** to: 1-855-690-5433

## PRIOR AUTHORIZATION FORM

**Standard requests** - Determination within 36 hours, which shall include one working day, or up to 14 days, if necessary, to receive all pertinent clinical information.

**Urgent requests** - Please Call 1-855-650-3789. \*Urgent requests are made when the member or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

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

\*Indicates Required Field

### MEMBER INFORMATION

\*Date of Birth

\*Medicaid/Member ID

Last Name, First

(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

Additional Procedure Code

\*Start Date OR Admission Date

\*Diagnosis Code

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity

Additional Diagnosis Code

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

### \*INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

#### Delivery

779 C-Section Delivery  
720 Vaginal Delivery

#### Inpatient Rehab

427 Rehab

#### Transplant

477 Transplant Admission

#### Miscellaneous

121 Long Term Acute Care  
970 Medical  
414 Premature/False Labor  
402 Skilled Nursing Facility  
411 Surgical  
490 Boarder Baby  
300 Neonate

#### Behavioral Health

528 BH Chemical Substance Abuse  
529 BH Psychiatric Admission  
531 BH Eating Disorders  
532 BH Crisis Stabilization Unit  
535 BH Residential Treatment - Substance Use  
536 BH Residential Treatment - Mental Health

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**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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