



INPATIENT PRIOR AUTHORIZATION FORM

Complete and Fax to:
Medical 855-218-0592
Behavioral 833-286-1086
Transplant 833-552-1001

Standard requests - Determination within 5 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 48 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

*Date of Birth

*Member ID

Last Name, First

(MMDDYYYY)

ORDERING PROVIDER INFORMATION

*Ordering NPI

*Ordering TIN

Ordering Provider Contact Name

Ordering Provider Name

Phone

*Fax

SERVICING PROVIDER / FACILITY INFORMATION

↳ Same as Ordering 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

992 Transplant

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- please send all supporting forms and medical records as necessary based on service

528 Chemical Substance Abuse - circle appropriate option:

ASAM: 3.2 3.7 4.0 AND Involuntary Voluntary

532 Crisis Stabilization Unit

531 Eating Disorders

529 Psychiatric Admission - circle appropriate option: Involuntary Voluntary

536 Residential Treatment - Mental Health - circle appropriate option:

Short Term (less than 30 days) Long Term (greater than 30 days)

535 Residential Treatment - Substance Use - circle appropriate option:

ASAM: 3.1 3.3 3.5

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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