INPATIENT
PRIOR AUTHORIZATION FORM

ambetter. FROM | home state health.

Standard requests - Determination within 15 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.

X

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

*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)

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*INPATIENT SERVICE TYPE   (Enter the Service type number in the boxes)

490 Boarder Baby
220 Comprehensive Inpatient Rehab Facility
779 C-Section
479 Inpatient Rehab Hospital
121 Long Term Acute Care
970 Medical
300 Neonate

414 Premature/False Labor
402 Skilled Nursing Facility
411 Surgical
209 Transplant Surgery
720 Vaginal Delivery

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.

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