FROM

Fax to: 855-537-3447

INPATIENT Prior Authorization Fax Form

Determination will be made within 24 hours of receiving the request. (Only applies for Inpatient requests, Inpatient Elective requests will be determined within 3 calendar days (72 hours) of receiving the request.)

***** ***INDICATES REQUIRED FIELD***

MEMBER INFORMATION

Date of Birth *

(MMDDYYYY)

Member ID *

Last Name, First

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

(CPT/HCPCS) (Modifier)

Start Date *OR* Admission Date *

(MMDDYYYY)

Diagnosis Code *

(ICD-10)

Additional Procedure Code

(CPT/HCPCS) (Modifier)

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

(MMDDYYYY)

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

Delivery

779 C-Section
720 Vaginal Delivery

929 Hospice Inpatient

Inpatient Rehab

479 Inpatient Hospital
220 Comprehensive Inpatient Rehab Facility

121 Long Term Acute Care
970 Medical
414 Premature/False Labor
402 Skilled Nursing Facility
411 Surgical

Transplant

209 Surgery
419 Work-up

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.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

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