

Standard requests - Determination within 5 business 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	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)

490 Boarder Baby	414 Premature/False Labor
220 Comprehensive Inpatient Rehab Facility	402 Skilled Nursing Facility
779 C-Section	492 Sub Acute
479 Inpatient Rehab Hospital	411 Surgical
121 Long Term Acute Care	209 Transplant Surgery
970 Medical	720 Vaginal Delivery
300 Neonate	

**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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