ambetter. FROM superior healthplan

INPATIENT AUTHORIZATION FORM

Complete and **Fax** to: 866-838-7615
Fax Medical Records to: 800-380-6650
Behavioral Health Requests/Medical Records:
Fax 844-824-9016

X

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

***Indicates Required Field**

MEMBER INFORMATION

*Date of Birth (MMDDYYYY)

*Medicaid/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)

Additional Procedure Code (CPT/HCPCS) (Modifier)

***Start Date OR** Admission Date (MMDDYYYY)

*Diagnosis Code (ICD-10)

Additional Procedure Code (CPT/HCPCS) (Modifier)

Additional Procedure Code (CPT/HCPCS) (Modifier)

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

Additional Diagnosis Code (ICD-10)

*INPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

Check Box for Inpatient Elective Service

490 Boarder Baby	427 Rehab
779 C-Section Delivery	402 Skilled Nursing Facility
121 Long Term Acute Care	411 Surgical
970 Medical	992 Transplant
300 Neonate	720 Vaginal Delivery
414 Premature/False Labor	

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

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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