



OREGON COMMERCIAL INPATIENT PRIOR AUTHORIZATION FORM

Complete and **Fax** to: 800-495-1148
Customer Contact Center : 888-802-7001

Standard requests - Determination within 2 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.

X

URGENT REQUESTS MUST BE SIGNED BY THE
PROVIDER TO RECEIVE PRIORITY

***Indicates Required Field**

MEMBER INFORMATION

*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

Additional Procedure Code

Additional Procedure Code

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

Additional Diagnosis Code

***INPATIENT SERVICE TYPE**

(Enter the Service type number in the boxes)

779 C- Section Delivery
240 Hospice Inpatient
427 Rehab
992 Transplant
720 Vaginal Delivery
300 Neonate

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

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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